MAR ISION OF STATISTICAL RESE	YLAND STATE DE	PARTMENT OF 301 W. PRESTON	HEALTH STREET, RALTIM	ORF 1 MARVIA	ND
			oritality briefing	2 1 2 3 4	\$53
1/1 /		2. USUAL RESIDENCE 8. STATE		INTY	fore admission
OR IOWN (if outside corporate limits.	MARYLAND c. LENGTH CF STAY IN 1b	c. CITY OR TOWN (If o	Md . outside corporate limits, v		nearest town)
115 BULY	-	Stockton		2	3-2
OF HOSPITAL OR INSTITUTION OF NOT IN P	nospital, give street address)	d. STREET ADDRESS	-		S RESIDENCE ON A FARM?
First	Midgle	Last /	4. OATE Mon		Year
print) [ANNIE	may	Dailey	DEATH /4 a		19 66
le negro WIDOWED	DIVORCED	May 17/1	966 - yrs.	Months Days	lours Min.
CUPATION (Give kind of work done 10b. if working life, even if retired)	(INO OF BUSINESS OR INOUSTRY		1 1 may red	12. GITIZEN OF COUNTRY?	
S NAME				NO U.S. M	*
MES W. BAILEY		ANNIE >	HOMAS		
EASED EVER IN U.S. ARMEO FORCES! 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addr		11103
OF DE OCATH LEGIC CONTRACTOR	14	MES (1), 13A	LEY, STOCK	1041	
T I. DEATH WAS CAUSED BY:	ine for (a), (b), and (c).	RicHa 1	195000	ONSET	ANO OEATH
7/ 1	mm3 litre	131.100	VIV mms	3.8.8	VOX
ns, if any, which ) (b)				(10)	2hrs
a), stating the DUE TO					
14/	UTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL OF	SEASE CONDITION GIVEN I	N PART 1(a) 19. W	AS AUTOPSY
				YES	RFORMEO?
IOENT WAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II	of item 18.)	
ER, NOTIFY MEDICAL EXAMINER)	**************************************				4-4-4-1
	facto	CE OF INJURY (Home, tar ry, street, office bldg., etc	m, 20t. (City or town)	(Gounty)	(State)
p.m. 19 jat wor	k at work	5/17 :0	460 5/13	20/ F 11-11	(I) from low
//		death occurred at is	M. from the cause		(I) (we) las
	200				
VelCiane Vel	M.D	. PHYS DI	IRECTOR PHYS.	11 0//8/5	- C
IME (Type) PLFRED C.	KOLLS, M.D.	midly	l Center S	alling h	aufant
, CREMATION, 23b, OATE THEREOF AL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county)	(State)
LOIRECTOR JOSEPH TO THE STATE OF THE STATE O	ADORESS	25a. REC'	D BY REGISTRAR   250	REGISTRAR'S SIGNAT	URVE.
A H. Wolson Ha	omeke city in	S. MAY	23 1966 8	harles Jus	lgk.
20042					1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	F DEATH ITY  OR TOWN (if outside corporate limits, RURAL and give nearest town)  OF HOSPITAL OR INSTITUTION (if not in First print)  6. COLOR OR RACE 7. MARRIED (in WIDOWED of working life, even if retired)  'S NAME  EASED EVER IN U.S. ARMED FORCES (in Mown) (if yes give war or dates of service)  ISE OF OEATH [Enter only one cause per cart I. DEATH MEDIATE CAUSE BY: IT WAS CAUSED BY: IT WAS UNDERLYING (in CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS (in Contributions)  COTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (in Contributions)  COTHER SIGNIFICANT (in Contributions)  COTH	CERTIFICAT  TO CERTIFICAT  MARYLAND  MARYLAND  MARYLAND  C. LENGTH CF STAY IN 1b  MARYLAND  C. LENGTH CF STAY IN 1b  MIDGINE  MIDGIN	CERTIFICATE OF DEATH  F DEATH  OF OWN (if outside corporate limits, RURAL and give nearest town)  OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  First  Middle  B. COLOR OR RACE 7. MARRIED   NEVER MARRIED   S. DATE OF BIRTY  OF WIDOWED   DIVORCED   List BIRTY AND OF BUSINESS OR IN BIRTY AND OF WIDOWED   Last BIRTY BUSINESS OR IN BIRTY	CERTIFICATE OF DEATH  PORTUPY  IN COLUMN OF OUTSIDE OF DEATH  IN COLUMN OF OUTSIDE OF STAY IN 1D  OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address)  If it Midgle  First Midgle  First Midgle  G. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED LASS DATE OF BIRTY  SCUPATION (Give Mind ad work done of the Working life, even if retired)  IN MOTHER'S MAIDEN NAME  CASED EVER IN U. S. ARREOFORCES 1 16. SOCIAL SECURITY NO. 17. INFORMANT  ADDITION OF DUE TO  IN MINDELLA COLOR OF ACUSED BY:  IN MINDELL	CERTIFICATE OF DEATH  F PEATH  F PEATH



	DIVISION OF STATISTICAL RES	RYLAND STATE DEPARTMENT OF I SEARCH AND RECORDS, 301 W. PRESTON	
47	07665	CERTIFICATE OF DEATH	07654
1.	PLACE OF DEATH a. COUNTY  D. CITY OR IDWN (if outside corporate limits.)	MARYLAND MARYLAND	(Where deceased lived, If institution: Residence before admission) b. COUNTY
_	o. NAME OF HOSPITAL OR ANSTITUTION (If not in	(100) Selma	utside corporate limits, write RURAL end give nearest town
1	Peninsula Nos	neral Rt3 Old	Stage Road YES NO
3.	(Type or print) Toah	Baines	A. DATE Month Day Year DEATH May 22 1966
5.	note negro widowi	8. DATE OF BIRTH	9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS I ast birthdef) Months Days Hours Min.
de	iring plost of working life, even if retired)	none md.	nty & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEL	
0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (es, no, or uniown) (() fyes give war or dates of service)	6. SOCIAL SECURITY NO. 177 INFORMANT	Rivido
	18. CAUSE OF DEATH   Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	exebral Hemorrh	interval Between onset and Death Says
	Conditions, if any, which ) DUE TO	berEnsive artorisselero	sis years
=	gave rise to immediate cause (a), stating the DUE TO underlying cause last.		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	PERFORMED? YES NO E
		OESCRIBE HOW INJURY OCCURRED. (Enter nature of I	njury in Part 1 or Part II of Item 18.)
MEDICAL.	20c. TIME OF INJURY Month, Oay, Year   20d Hour a.m.   Wh p.m. 19   at w	Not While factory, street, office bytg., etc	
	21. I certify that (I) (this hospital) atters saw the deceased alive on		to 19 that (I) (we) last 9. M, from the causes and on the date stated above.
	22a. SIGNATURE		ED. STAFF 22b. DATE SIGNED
_	22c. PHYSICIANIS NAME (Type)	22d. ADDRESS	
	Burial, Cremation, 230, DATE THEREOF Current Way 1- 6	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
2	Booker M: West	ADDRESS 25a. REC'	3 1 1966 Clientes Judge
-	7 -		

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	DIVISION OF STATISTICAL RESE	ARCH AND RECORDS		BALTIMORE 1, MI	
1	07666	CERTIFICAT	E OF DEATH	07	7655
1	PLACE OF DEATH  M. COUNTY  Wicomico	MARYLAND	2. USUAL RESIDENCE (Where dece	h COUNTY	sidence before admission)
-	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpo	rate limits, write RURAL a	and give nearest town)
	Salisbury.	1335 Days	Marumsco		19-2
ח	d. NAME OF HOSPITAL OR INSTITUTION (IF not in heer's Head State Hospital.		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 3
-	NAME OF First	Middle	Last 4. DATE	Month	Day Year
	(Type or print) Arthur	wild did	Bowver DEATH	May 3	19 66
5	6. GOLOR OR RACE 7. MARRIED	THEFER MARKIES	B. DATE OF BIRTH 9.	AGE (In years   IFUNDER 1	YEAR IF UNDER 24 HRS. Days Hours   Min.
1	ale Negro WIDDWED Oa, USUAL OCCUPATION (Cive kind of work done) 10b. K	IND DE BUSINESS OR	11. BIRTHPLACE (County & State, o	5 yrs.	TIZEN OF WHAT
d	uring most of working life, even if retired)	IND OF BUSINESS OR NOUSTRY	MARUMSCOT	md. col	UNTRY?
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	aa	9,3,
		SOCIAL SECURITY ND.   17.	INFORMANT //	Address	
`	no no discount (IT yes give war or detes of service)	120	WENIN BOLDUET	-Marion	md.
	18. CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) TY	pertensive arte	eriosclerotic cardi	Lovascular Lsease.	110.
	Conditions, if any, which ) (h)		u.	.Jease.	
	cause (a), stating the DUE TD				
ON	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE	ITING YO DEAYS DUT NAT DELA	TEN TO THE TENNING MARKET OFFICE	TION OLVEN IN DADT (70)	119. WAS AUTOPSY
				HOTA CLASM HA LYKT T(S)	19. WAS AUTOPSY PERFORMED? YES A. NO
CFRTHFICAT	208. ACCIDENT WAS UNDERLYING   20b.   DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		RRED. (Enter nature of Injury in Part	or Part II of Item 18.)	tord to
10 TO		Not While factor	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	lty or town) (Coun	ity) (State)
4	21. I certify that (I) (this pospital) attend	ed the deceased from	10/4 1962 to	5/31/ 1966	, that (I) (we) last
	saw the deceased silve on 5/31	19_66_, and that	death occurred a5:50 M, from		e date stated above.
	Whalis	lely M.D	ATTENDING MED.	AVACC	1/66
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
- 2	L. V. Mald	ve, M. D. 1 23c. NAME OF CEMETERY		Hospital, Sa	
4	3a. BURIAL, CREMATION, 23b. DATE THEREOF SEMOVAL ((Soperfy) 6 4 6 6	143 bui	ry Mi	Arumsco	md
2	24. FUNERAL DIRECTOR	ADDRESS ///	25a. REC'D BY REGIST	RAR 25b. REGISTRAR'S	4-
L	Authory 6. WHA	2/13/1/10/	113 MUN 3 191	66 gelearles	Judge



03663	or atalianoas	RESEARCH AND RECORD CERTIFICA	TE OF DEAT		ALTIMORE I	7656	
PLACE OF DEAT     a. GOUNTY	Wicomico	MARYLAND		CE (Where deceased I	ived, If institution b. GOUNTY	W1Com1co	Issien
write RURAI	wn (if outside corporate line and give nearest town) Salisbury	mits, ACT ENGTH OF STAY IN 5/23/66	Sa	foutside corporate  11sbury	limits, write RU	RAL and give nearest	nwot
	Pen.Gen.Hes	f not in hospital, give street addres		6 Mitche	11 St	e. IS RESID ON A FAR	ENCI
3. NAME OF DECEASED (Type or print)	First	RODNEY	BOYLES SR	4. DATE RI	Month MAY	27th 1966	6
5. SEX	White W	MARRIED NEVER MARRIED DIVORGED	8. DATE OF BIRTH Sept.24/1	910 9. AGE last 55	(In years IFUNI birthday) Mont		4 HR Min
OUTINE MOST OF WORL	TION (Give kind of work done king life, even if retired) <b>P</b> — <b>Campbe</b> ]	10b. KIND OF BUSINESS OR INDUSTRY  Soup Co.		port, Pa		GOUNTRY?	
David B	ME		14. MOTHER'S MAI	DEN NAME	Little		
15. WAS DECEASED (Yet no, or unkown)	EVER IN U.S. ARMED FORCE (1f yes give war or dates of serv	173-09-940	Mrs.Kathle	en V.Bey	les(Wif	e) .Md.21801	
	DEATH (Enter only one ca EATH WAS GAUSED BY: IMMEDIATE GAUSE (a)	we per line for (a), (b), and (c) a	I intare	tion		INTERVAL BETWO	EEN ATH
Cenditions, If	DUE TO		- Congression			1	
gave rise to cause (a), s	Immediate Stating the DUE TO						
PART II. OTHER	1 177-	CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL	DIŞEASÉ GONDITION	GIVEN IN PART 1	PERFORMI	
PART II. OTHER  202. ACGIDENT  OR CONTRIBUT  (IF EITHER, NO	WAS UNDERLYING THE THREE	20b. DESCHIBE HOW INJURY OF	COURRED. (Enter nature o	of Injury in Pert 1 or	Part II of Item	Late	0
Hour a.	INJURY Month, Day, Year m. 19	20d. INJURY OCCURRED   20e. P While   Not While   fact   st work   at work	LAGE OF INJURY (Home, fortery, street, office bldg.,	arm, 20f. (City o	r town) (	(Sta	te)
saw the de	eceased alive on 5	110	net death occurred at	MED. ST		the date stated a DATE SIGNED	bove
NAME T	T', Karl M. Be	addsley				Maryland	
burla		966 Parsons	RY OR GREMATORY Cemetery	Salis	N (City, town or	ryland	e)
HOLLOWAY		SALISBURY MAR	4144	V 2 1966		les Judge	

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motasot. Boy FreeLM 1:00100 Ailing | [82. ซุลมซิล 1 [ \* \* 506 Milchell St fortignoH. gov. gov. ROYLLE SR. 2000 KING ME METER Sept. 24/1010 55 edies elem and drogated the meineer - Compbell Sopo Co. -fittie Unite Darid Royles Jrie Je Je Stathleem V. Boyles ( its) X 2066 Tr. Sarl I. Saddaley Maryland ive. 3 linkery, M pvl me want I les 31 (1966 Parsons Demotery 311 inter, he ey'l will

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1. MARYLAND
£ 7600£	07668 CERTIFICATE OF DEATH	07657
executed within 24 hours after death and completely filled in by the functal remove carbon papers. Pages and any event, within 72 hours after beath	1. PLACE OF DEATH 2. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If inc. 3. COUNTY 4. COUNTY 4. COUNTY 4. COUNTY 5. COUNTY 6. STATE 6. STATE 7. COUNTY 6. STATE 7. COUNTY 7. COUNTY 7. COUNTY 8. COUNTY 8	emico
nours after In by the s. Pages hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH GF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, wr	1te RUKAL end give nearest town)
papers. nin 72 h	d. NAME OF HOSPITAL/OR INSTITUTION (if not in hospital, give attest address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
completely filled we carbon papers event, within 72	3. NAME DF DECEASED First Middle Last 4. DATE Month OF DF.	NES ND ND Day Year
any event,	(Type or print) Harry Hwest DEMAN DEATH ///3	FUNDER 1 YEAR   FUNDER 24 HRS.
	male White WIDOWED DIVORCED May 21, 1878 87 yrs.	Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	y) 12, CITIZEN OF WHAT COUNTRY?
di,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	15: WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre (Yes, no., or unknown) Tillyes give war of adles of service)	15 D/
on, or remov	(Yes, no, or unknown) Fiftyes after war of olders of service)  Red Car Bennian W	white !
t. of Health prior to burial, cremation, or	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cordul Vor Cular Accelet	INTERVAL BETWEEN ONSET AND DEATH
ज, टा	33/X DUE TO	2
	conditions, if any, which gave rise to immediate DUE TO	
0	underlying cause last. (c)	PART 1(a)   19. WAS AUTÓPSY
	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
0	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN  20a. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH  OR CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	x (tem 18.)
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town)   40ur   2.m.   40ur   40	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from 1966, to 1966, to	, 1966, that (I) (we) last
	220. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED
,	22C. PHYSICIAN'S NAME (Type)  ATTENDING MED. STAFF PHYS.   22d. ADDRESS	20 May 66
1	238. QURIAL, CREMATION, 236. DATE THEREOF, 23C, NAME OF CEMETERY OF CREMATORY 23d. MOCATION (City, )	own or county) (State)
1	Bry 15/22/68 Orialo Cernety Orial	oma.
	24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. R	legistraris signature
		0 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH **b.** COUNTY icomico Marvland Wicomico MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? carbon pap ent, within 7 Spring Soring Avenue Avenue NO X executed within completely NAME OF First Middle Last Month Oay DECEASED 1966 MINA HANNAH BRADLEY MAY (Type or print) DEATH 5. SEX 6. COLOR OR RACE and cor OATE OF BIRTH ACE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months I Days I Hours Min. MARRIEO NEVER MARRIEO Months ! Hours Female WIDOWED TX OIVORGED TO nding physician and the removal, and the and-in. 10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Nore Laurel Delaware House Work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending grant. Then Shanarah Nichols Marion J. Warrington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. Mrs. William G. Melson-(Daughter) (Yes, no, or Linkown) (If yes give war or dates of service) lisbury Mary been signed by the the burial-transit p or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) Conditions, If any, which rise to Immediate DUE TO cause (a), stating as th prior underlying cause last CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT WAS AUTOPSY PERFORMED? INAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use certificate the hospital or YES NO 🖓 this certed for 20a, ACCIDENT WAS UNDERLYING F OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part ) or Part II of Item 18.) DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY/Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. MED While After Not While be Stat retained by at work at work 0 21. I certify that (I) (this hospital) attended the deceased from the 194 6. that (I) (we) last 3 should with the and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b. DATE SIGNED DIRI page ATTENDING PHYS. M.O. PHYS DIRECTOR Page 4 may FUNERAL PHYSICIAN'S 22d. **ADORESS** NAME (Type) director, Ave. Salisbury, Maryland Maryland should BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 9 966 Salisbury, Maryland Parsons Cometerv FUNERAL DIRECTOR 25b REGISTRAR'S COMPANY SALISBURY MARYLAND 20 M 1/65

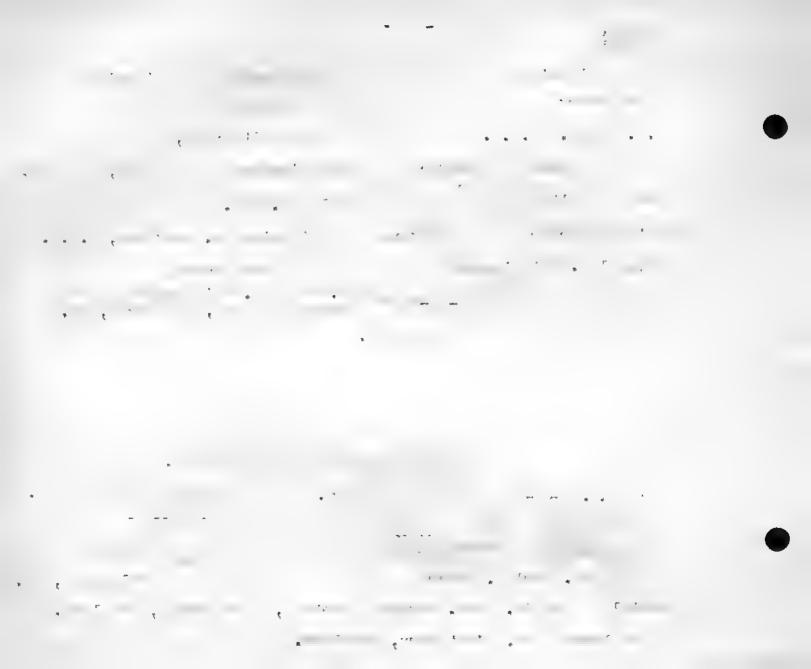


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH Pages 1 and 2 urs after death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY AR 01/1 MARYLAND AND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOYIN (If outside corporate limits, write RURAL and give nearest town) Acompletely filled in by the carbon papers. Page event, within 72 hours at write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) o. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES X ER NO executed within Middle NAME OF First 4. DATE Menth Year DECEASED OF DEATH (Type or print) 19/-60 DATE OF 5. SEX BIRTH AGE (In years last birthday) **WEUNDER 1 YEAR OF UNDER 24 HRS** 6. COLOR OR RACE 9. 7. MARBIED NEVER MARRIED Months Hours DIVORCED ! WIDOWED 10a USJAL OCCUPAT ON (Give kind of work done 105. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** physician n please val, and HOUSEW = PHYSICIAN. The law requires that the death certificate the hospital or attending physician. or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plainector, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept, of Health prior to burial, cremation, or remova RIH TH 15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERPAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 3 da IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate (a), stating u buocu underlying cause tast (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS ALTOPSY PERFORMED? YES T NO F 200. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING P at work at work be retained that (I) (wet last 1966 21. I certify that (I) (this hoppitol) attended the deceased from and that death occurred at 7.30 P.M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF DIRECTOR M.D. Page 4 may | PHYSICIAN'S NAME (Lype) ADDRESS 22d. 23ъ. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a BUR AL, CREMATION, 23c. REMOVAL (Specify) IVER REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 6/6/ HEALTH DEPT USDAL RESTDENCE (Where deceased fired, It institution, Residence before admession) PLACE OF DEATH a. COLNTY Wicam **CHALYFAM** Department after death b. CITY OR TOWN of outs de corporate limits. C LENGTH OF STAY IN 16 c CITY DR TOWN ( f outside corporate limits, write RJRAL and give nearest town) Sa Tula Male nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? P.G. MOSPT. D.O.A. Ocean City Read. State hours a No IX YES MiddleBrittingham NAME OF DATE Month DECEASED Wade Mampten Brittamerow Beath 27th. 1966. May (Type or print) event within fter death If a Give Pages 1, 2 ag with form P 8 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE ( n years | IF JNDER 1 YEAR IF JNDER 24 HRS last birthday) Months Male White 30.1882. WIDOWED DIVDRGED [ 10s. USJAL DCCJPAT ON GIVE kind of work done 10b. KIND OF BUSINESS OR the most of work ng life, even fratired) houst the first red in the control of the con 12. CIT ZEN OF WHAT BIRTHPLACE (State or foreign country) COUNTRYT Wicomico Co. Markland U.S.A. EXAMINER: This certificate should be presented mithin 24 hours after certificate, writing the word "pending" in pencil in Item 18 Givental be forwarded to the Chief Medical Examiner's Office along any pages in any 13. FATHER'S NAME 14. MÖTHER'S MAIDEN NAME Lemuel B. Brittingkam Emma Rounds a de 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18, SOCIAL SECURITY NO. Addrass INFORMANT (Yes give war or dates of service) Mrs. Ethel P. Brittingham (Wife) removal. permit Ocean City Read, Solds Try INTERIOR BETWEEN DISET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burtal-transit cremation, or PART I, DEATH WAS CAUSED BY, Sudden Crushed chest. IMMED.ATE CAUSE (a) **DUE TO** Conditions, If any, which gava rise to immediata DUE TO cause (a), stating the 10 . underlying cause last. used as to burial, PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? CERT, F.CAT 3 should be agent, prior 208 EXTERNAL CAUSE WAS PRIMARY FACE CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury to Part 1 or Part 1) of Item 18.) Driving tractor and backed into tree.

20d N. JRY DCCURRED 2De PLACE DF IN. JRY (Home, farm / 20f (City or town)
factory, street, office bidg., atc.) MEDICAL (County) (State) 20c. ITME OF INJURY Month, Day Year Hour a.m. Wh e Not While at work Salisbury Wicomico DIRECTOR: Page r its designated 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my apinion death resulted frem: Natural causes .... Suicide Hamicide Undetermined manner Accident Page 4 : CHIEF MEDICAL EXAMINER 5-3/-6/22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER . SIGNATURE DEPUTY MEDICAL EXAMINER IV EXAMINER'S please ex director retained Salisbury. NAME (Type) Address (Street, city town or county) BLR AL, CREMAT ON 23b 23c. NAME OF CEMETERY OR CREMATORY Parsons Cometery. 236 DATE THEREOF 23 23d. LOCATION (City, town or county) 0.0 Salisbury, Maryland, 25a REC'O BY REG STRAR | 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Salisbury. Maryland VR A SME (5) P 1966



Division of STATISTIC	CAL RESEARCH AND RECORDS, 30	I W. PRESTON STREET, BALT	IMORE, MARYLAND 21201
STATE C7672	MEDICAL EXAMINER'S	CERTIFICATE OF DEA	TH 07661
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b CITY OR TOWN (II outside corparate limits,	c LENGTH OF STAY IN 16		ate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Salisbury		Salisbury	2 2 . 1
d NAME OF HOSPITAL OR INSTITUTION (If not i	n haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
Peninsula Ge	neral Hospital	515 Doug1	Las Place
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(Type or prof) SHELTO	n B	ROWN OF DEATH	5-3-66
S SEX 6 COLOR OR RACE 7	MARR ED NEVER MARRIED	B DATE OF BRITH	9 AGE n years   FUNDER 1 YEAR   FUNDER 24 HRS
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100 JSUA, OCCUPATION (Give kind of work dane	DO K NO OF BUSINESS OR	1 BiRTHPLACE State or foreign of	OUNT Y 2 CIZEN OF WHAT
during most of working life, even it retired)	NDLSTRY	Maryland	U.S.A.
13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
_ morris Brown		Marian ?	
IS WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 I	NFORMANT	Address
(Yes, na, or unknawn) ((If yes give wor or dotes af s		111am Brown B	ooth St. Salisbury Md.
IB. CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)  Conditions, if any, which gave (b)  Tiss to immediate cause (a), (b)	per line for (a), (b), and (c).)  Sub-dural hemat		INTERVAL BETWEEN ONSER AND DEATH
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3 pm 3-3-0017	atwa K Lul Ulwark 60	Own home	Salisbury, Wicomico, Md.
	of the tema ns described above, he		
death resulted from Natural	causes 🔲 Acc dent 🔲, Suic		ndetermined manner
ACTUAL	- Km.	CHIEF MEDICAL EXAMINER	Z2 DATE SIGNED
SIGNATURE	***		AFK
Examiners Earl L. Roye		OEPUTY MEDICAL EXAMINER Address (Street, city, lown,	h
NAME Type 109 Camden A 230 BURAL CREMATION 23b DATE THERE	OF 23c NAME OF CEMETERY OR		OCATION (City or Town) (County) (State)
REMOVAL (Specify			
Burial 15/7/196	66 Let Nebo	25a REC'D BY REC ST	
Olita Fet	Solin- and	DAMAY 13	1966 Milanles Judge

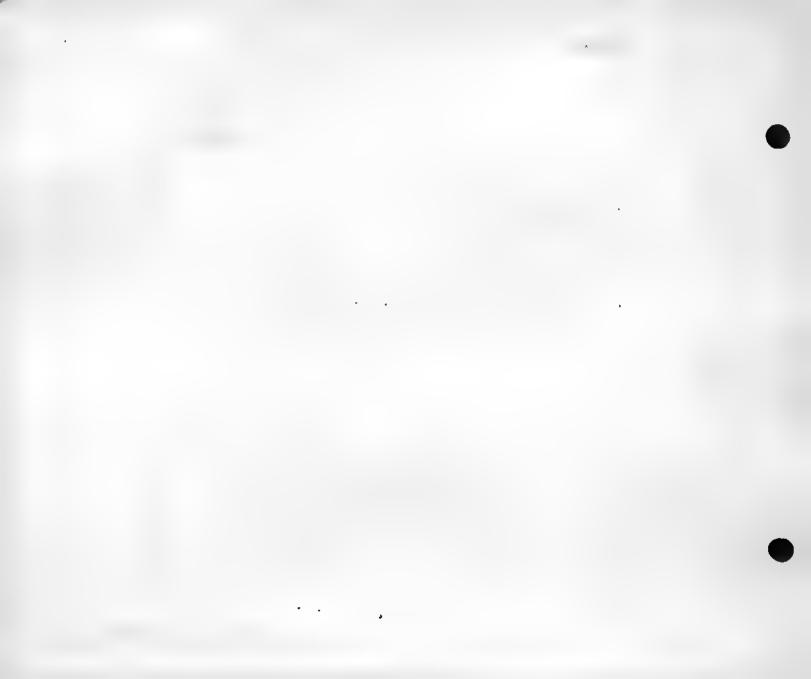
MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before hamission) a. COUNTY b. COUNTY Micomico Maryland Dorchester MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 19hl Davs Salisbury Cambridge papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Lead State Hospital, Salisbury, Md. lh Pine St. ND DC YES letely NAME OF First Middle Last 4. DATE Month Year DECEASED OF еуелі, (Type or print) DEATH 19 Bryan Mav 6. COLOR OR RACE ₿. **OATE OF BIRTH** AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. remove 7 MARRIED NEVER MARRIED last birthday) Female Negro | WIDOWED IXI

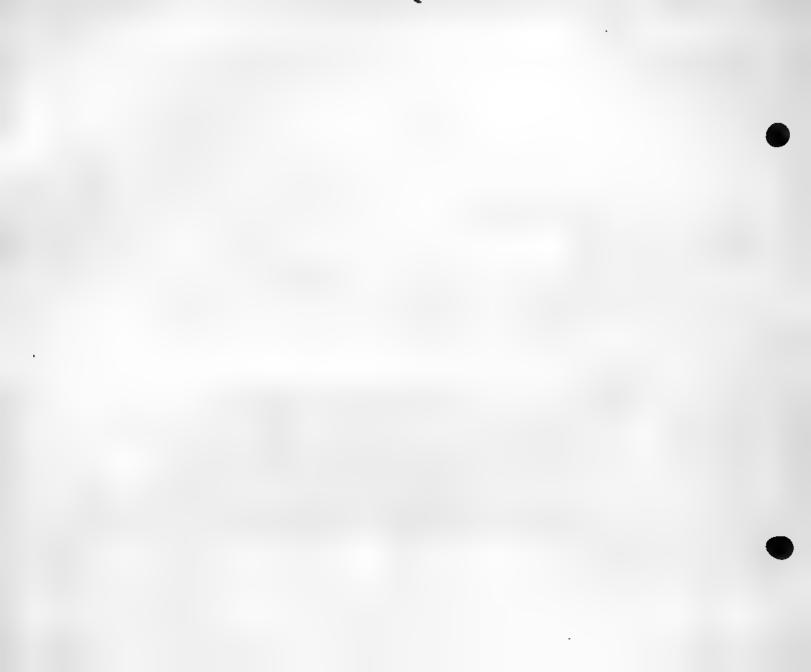
102 USUAL OCCUPATION (Give kind of workdone 10b Kind of Business OR INDUSTRY) Months Davs Hours DIVORCED . 1986 March Ξ 11. BIRTHPLICE (County & State, or foreign country) 12. CITIZEN OF WHAT ease COUNTRY? and USA Laborer Laborer Derchester MOTHER'S MAIDEN NAME Co requires that the death certificate 38 13. FATHER'S NAME Then The remova Unknown Lucy Pinder attendin 15 WAS DECEASED EVER NUS, ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT transit permit. Address (Yes, no. or unkown) | (If yes give war or dates of service) Adalphsus Stanley. Linkwood been signed by une the burial-transit pror to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchopneumonia, right lung days IMMEDIATE CAUSE (a) DUE TO Irs. & Recurrent cerebral thrombosis Conditions, If any, which week zise to immediate DUE TO (a) stating the DITOL underlying cause last. 98 (0) CERT.F.CAT.ON PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) WAS ALTOPSY use for use Health PERFORMED? certificate ND I YES [ the hospital PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F 5 OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) (County) æ factory, street, office bidg., etc.) 8.10. Not While While After p.m. at work at work retained -1/1619 CI 66 21. I certify that, (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the , and that death occurred at 3:40 M. from the causes and on the date stated above. saw the deceased alive do 22a. SIGNATURE DATE SIGNED **8** 8 ATTENDING PHYS page M D. DIRECTOR PHYS. FUNERAL PHYSICIÁN 226. ADDRESS director, p NAME (Type) Deer's Head State Hospital Salisbury Md V. Maldye. BUR AL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Cambridge Md. Buria Waugh FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b VR A15 (4) Cambridge. Md. 20M 1/65



	1	٧.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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	com com ve c	5.	SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IN FUNDER 24 HRS. last birthday) Months   Days   Hours   Min.
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	cate be physician in please val, and in	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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	cert andir r. Ter	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address
	atte	("	15, no, or unknown) (If yes give war or dates of service) 16-69-6886 Me HARRY T. BUNFING SILIS BURY
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	law requires that the death certificate be the thending physician has been signed by the attending physician as the burial-transit permit. Then please prior to burial, cremation, or removal, and		PART I. DEATH WAS CAUSED BY: Acute pulmonary Edina
	s thay ysic igne rial-i		#200 DUE TO Pt Sol + 11 + A
	dire g ph en s en s burd o bu		conditions, if any, which gave rise to immediate (b) CLICATE TELESTING the COURSE (b) DUE TO
	red indin		underlying cause last. (c)
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	R: A different the the		21. 1 certify that (I) (this hospital) attended the deceased from 1962 19 to 1/23 1966, that (I) (we) last
_	retar Signature Signature		saw the deceased alive on
	ed be		M.D. ATTENDING DIRECTOR DISTAFF D 5/24/66 _
	RAL RAL Tr. Do		22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
	TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat	23	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
	5 5 5 je je	23	BURIAL, CREMATION, 23D. DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  REMOVAL (Specify)  Solvent County)  Care County  Ca
	0	24	FUNERAL DIRECTOR ADDRESS   258. REC'D BY REGISTRAR'S SIGNATURE
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1 /4/	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ited within 24 hour completely filled in ve carbon papers. I event, within 72 hour	3. NAME OF First Middle Last 4. DATE Month Oay Year OF OF TOTAL OF THE OFF THE
ompl cal	(Type of print)  Sara  DYNUM  DEATH   Val 3 1966  5. SEX   6. COLOR OR RACE . 7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years) I FUNDER 2 YEAR HE UNDER 24 HE
executed within 24 hours and completely filled in by remove carbon papers. Page in any event, within 72 hours	last birtifday) Months Days Hours Min
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requires that the death certific; ding physician, been signed by the attending the busal-transit permit. Then or to burial, cremation, or remova	- Comule Bynum
he o	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:
at ta ian. ian. cre	IMMEDIATE CAUSE (a) trades vascular there are
s th sysic righe rial,	Conditions, If any, which I ON PARA ON DAL PARA CANDIO Candio Vascular Process & years
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the bural-transhould be filled with the State Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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Sy the	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, Farm, factory, street, office bldg., etc.)   20f. (City or town) (State)
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TO HOSPITA Page 4 ms O FUNERAL director, p	NAME TYPE Harbert Jembi Salesbury, Maryland
Hage Fige	233 BURIAL CREMAT ON, 236. DATE THEREOF   231. NAME OF CEMETERY OR CREMATORY   23cf LOCATION (City, town or fundy) (State)
<b>5</b> 01 01 01 01 01 01 01 01 01 01 01 01 01	Bremovah (speelly) 5-28-66 Ioiette Cem daretto ma
	24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2. death. 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY by the Pages 1 Dicomico MARYLAND Wicomica b. CITY OR YOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b Salis bury Ξ brons bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE ON A FARM? Railroad No 🗌 YES executed within completely carbon NAME DE Middie DATE Month Day DECEASED DF DEATH (Type or print) 19 66 nan SFX **Methove** 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED! last birthday) Months pue WIDOWED T DIVORCED | Q 10a USUAL OCCUPATION (Cive kind of work done TOO R ND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician law requires that the death certificate be COUNTRY? Worcester Co. Maryland Mill Worker 13. FATHER'S NAME MOTHER'S MAIDEN NAME **C** Sallie Blades Sampson Carter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Collins(Step-Daughter) Mrs.Hazel transit permit, cremation, or i (Yes, no, or unkown) (If yes give war or dates of service) the been signed by construction to burial-transit pictor to burial, cremati INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) retained by the hospital or attending physician. Je al **DUE TO** Conditions, If any, which gave rise to immediate DHE TO cause (a), stating the priort underlying cause tast. 8 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY of Health PERFORMED? certificate NO PHYSICIAN: 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year i 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While After p.m. at work at work DIRECTOR: A age 3 should iled with the D 21. I certify that (I) (this hospital) attended the deceased from Kand that death occurred at 4:36 fm, from the causes and on the date stated above. saw the deceased alive on. 22a. SICNATURE 22b. DATE SIGNED page MED.
DIRECTOR ATTENDING PHYS. STAFF PHYS. O HOSPITAL PHYSIC AN'S FUNERAL 22c. 22d. ADDRESS should be TO FUNERA director, Medical Center Salisbury, Md. (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, DATE THEREOF Salisbury, Maryland 966 Olive Church Cem. REC'D BY REGISTRAR | 25b. REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS 25a 1966 HOLLOWAY & SALISBURY, MARYLAND VR A15 (4) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY by the f Pages 1 urs after Micomico

b. CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town) Maryland Caroline MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page hin 72 hours a ≘ Salisbury Ridgelv filled 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENC event, within Deer's Head State Hospital Salisbury Md etely carbon NAME OF Middle Last DATE Month Year DECEASED 1966 (Type or print) DEATH May Pernell lardner. executed 6. COLOR OR RACE | 7 MARRIED TO SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS гелтоуе DATE OF BIRTH NEVER MARRIED [ t birthday) Months 1 Hours Days any Male Neoro WIDOWED DIVORCED ≡ 10a USUAL OCCUPATION Give kind of work done foreign country) 100 KIND OF BUSINESS OR 12. CITIZEN OF WHA during most of working its, even if retired) OR death certificate. 13. FATHER'S NAME MOTHER & MAIDEN E removal attending p<sup>ri</sup> stmit Then 15 WAS DECEASED EVER IN J S ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMAN of by the attent transit permit cremation, or r (Yes, now or unknwn) 1 (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] requires that the DNSET AND DEATH PART 1. DEATH WAS CAUSED BY: Cor Pulmonale Hrs. IMMEDIATE CAUSE (a) signed been signed the burial tr or to burial, ( DUE TD Conditions, If any, which Vrs Chronic pulmonary emphysems (b) rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CATION WAS AUTOPSY PART II D'THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) for use Health I PERFORMED? certificate YES I ND 🔀 20a. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN this cert detached for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of item 18.) MEDICAL 20c TIME DF INJURY Month, Day, Year | 20d INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. **Not While** p.m. at work at work retained . 1666\_ to P 19 66 that (I) (we) last DIRECTOR: Jage 3 should like with the 21. I certify that (ii) (this hospital) attended the deceased from... 19.66, and that death occurred at saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURÉ 22b. DATE SIGNED STAFF PHYS. M.D. PHYS. DIRECTOR . Page 4 may pa HOSPITAL FUNERAL PRYSTCIAN'S NAME (Type) 22d. ADDRESS director, p tierrez-Garrido... Head State Hoscital Deer's 232 CREMATION. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (CITY, town or 2 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR MODRES9 REC'D BY REGISTRAR 25b. VR A15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death, inne 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, 11 institution; Residence a. CDUNTY a. STATE b. COUNTY after Wicowico Kent. MARYLAND by the Pages b CITY DR TOWN (f butside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) rs. Pag hours Salisbury davs Galena Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 DN A FARM? Deer's Head State Hospital, Salisbury, Md. No EC <u>~</u> 3 NAME OF First Middle Last DATE Month Day Year DECEASEO OF DEATH (Type or print) Mamie Jane Conner 19 May 5 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | ) FUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED TO last birthday) | Months Days any Hours November, 14, 1886 WIDOWED ! DIVORCED 79 Female White .5 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? and Housework Own Home U.S.A. Kent Co: Md. 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Thomas A. Conner Margaret Mullen 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 20 death (Yes, no, or unknown) (If yes give war or dates of service) 218-20-6573 Miss.Julia C. Conner. Galena, Md. 21635 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Thrombosis IMMEDIATE CAUSE (a) buriar-l DUE TO Cenditions, if any, which Arteriosclerotic Cardiovascular Disease Years (b) peen gave rise to immediate 計さ DUE TO cause (a), stating the DENOF underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY ficate PERFORMED? Cerebral Thrombosis due to Arteriosclerosis YES T NO T 흐 20a. ACC.DENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF !NJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After at work at work o 1966p. to. 21. I certify that (I) (this hospital) attended the deceased from 66, that (I) (we) last DIRECTOR: age 3 should ited with the 19 66 and that death occurred al : 20 M. from the causes and on the date stated above. saw the deceased allive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS MED. 5/18/66 DIRECTOR M.D. PHYS. E CE PHYSICIAN'S FUNERAL director, p 22d. ADDRESS NAME (Type) L. V. Maldve, M. Deer's Head State Hospital Salisbury Md BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) St.Dennis Cemetery Galena, Kent Co: Md. rial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR : 25b. REGISTRAR'S SIGNATURE VR ALS (4) 20M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ges 1 and 2 after death 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission) a. CDUNTY a. STATE Maryland b. COUNTY Wicomico by the W16+ m MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b pers. write RURAL end g ve nearest town) Fruitland .≘ 22.1 PALISBURY filed d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? William Street event, within ND X YES etely within NAME OF First DATE Middle Month Łast Day DECEASED OF DEATH WILLIAM JOSEPH remove cart mac (Type or print) 19 1919 executed 5. SEX 6. COLOR OR RAGE NEVER MARRIED 8. DATE OF BIRTH AGE (in years MF UNDER 1 YEAR IF UNDER 24 HRS MARRIED aby DIVORGED last birthday) | Months Davs in-any 1966 WIDOWED 0 TDA USUAL OCC. FATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life even if retired) inpustry 12. CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician p ease i, and in þe **COUNTRY?** None None 5 Salisbury, Maryland certificate removai, 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Terry Albert Craig Margaret Pauline Hearne Address Mr. Ferry A. Craig(Father)Wil this certificate has been signed by the atter letached for use as the bur al-transit permit bept, of Health prior to burial, cremation, or (Yes, no or unknwn) (If yes give war or dates of service) death No Salisbury Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) the hospital or attending physician. 7625 DUE TO Conditions, if any, which gave rise to immediate the r to DUE TO cause (a), stating the underlying couse last. (c) PART II DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTDPS CERTIFICAT PERFORMED? YES X NO F 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert I) of Item 18.) detached for the detact of the N/A MEDICAL. 20d. INJURY OCCURRED 20e. PLACE OF :NJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) be de State Hour e.m. After Id be d Not While retained by at work et work TO HOSPILL Page 4 may be received the Streets of Alberta Director, page 3 should by Alrector, page 3 should by Alrector, filed with the St 19\_\_\_\_, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 \_\_ to\_ M. from the causes and on the date stated above. saw the deceased alive on... and that death occurred at... 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. X DIRECTOR M.D. 220. PHYSICIANS 22d. ADDRESS NAME (Type) Medical Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b 23d. LOCATION (City, town or county) REMOVAL (Specify) Fruitland Fruitland, Maryland 24. FUNERAL DIRECTOR ADDRÉSS REC'D BY REGISTRAR 25b. REG STRAR'S SIGNATURE SALISBURY MARYLAND VR A15 (4) COMPANY 15M 4-64



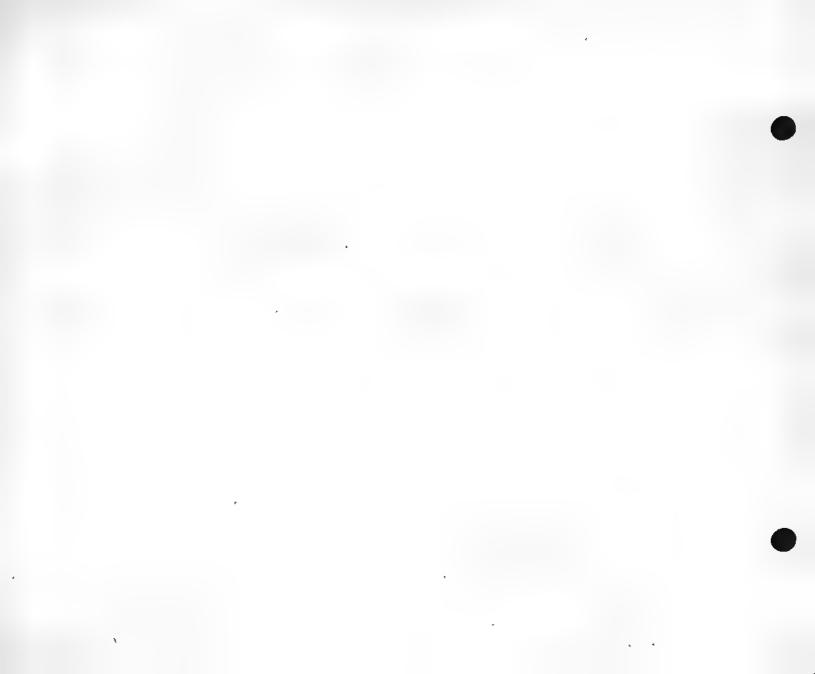
1 (1)	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	C7580 CERTIFICATE OF DEATH
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s after by the bages 1 rs after	b. CITY OR TOWN (f outs de corporate limits, write RURAL and give nearest town)  write RURAL, and give nearest town)  MARYLAND  Delaware  c. CITY OR TDWW (if outside corporate limits, write RURAL and give nearest town)
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y file	Veninsula General Losgital Seventh St. YES W NO [
within mpletel carbon mt, with	3. NAME OF DECEASED (Type or print) Rebecca Tane Leogica DEATH May 2 19 66
executed within 24 hours after an and completely filled in by the far remove carbon papers. Pages 1 erroy event, within 72 hours after	5 SEX 6 COLOR OR RAGE 7 MARRIED NEVER MARRIED 8 OATE OF BIRTH 19. AGE (In year, IFUNOER 14 ARS. Isst birthday) Months Days Hours Min.  102 USUA. OCCUPATION (GIVE kind of work one 10b, K NO DF BUSINESS DR during most of working life, even if retired)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN DF WHAT CDUNTRY?
hys.cian please I	Housewife own home Delaware USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
certifica ding pi Then remova	Violetus Foskey Estella Nicholson
sath certificate attending physicarmit. Then plessin, or removal, an	15. WAS DECEASED EVER NO S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) '(if yes give war or dates of service) 222-03-2270 John B. Cropper, Laurel, Del.
PITAL OR ATTENDING PHYSICIAN: The finay be retained by the hospital or a pr. page 3 should be detached for use be filed with the State Dept. of Health	18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  WHINE CONDITIONS CONTROLL OF THE PER LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  DUE TD  CONDITIONS (b), stating the underlying cause last.  PARTIL DIHER SIGNIFICANT CONDITIONS CONTROLL NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  PARTIL DIHER SIGNIFICANT CONDITIONS CONTROLL NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  PARTIL DIHER SIGNIFICANT CONDITIONS CONTROLL NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  PARTIL DIHER SIGNIFICANT CONDITIONS CONTROLL NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  PARTIL DIHER SIGNIFICANT CONDITIONS CONTROLL NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  PARTIL DIHER SIGNIFICANT CONDITIONS CONTROLL NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  PARTIL DIHER SIGNIFICANT CONDITIONS CONTROLL NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  PARTIL DIHER SIGNIFICANT CONDITIONS CONTROLL NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  PARTIL DIHER SIGNIFICANT CONDITIONS CONTROLL NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  PARTIL DIHER SIGNIFICANT CONDITIONS CONTROLL NOT DEATH BUT NOT TERMINAL DISEASE CONDITIONS CONTROLL
TO HOSE Page of Full directe should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify)  B1 71 8 2
VR A15 (4) 15M 4-64	24. FUNERAL OTRECTOR  25a. REC'D BY REGISTRAR'S SIGNATURE  THOUGHAY 9 1966 GCHONLES Judge



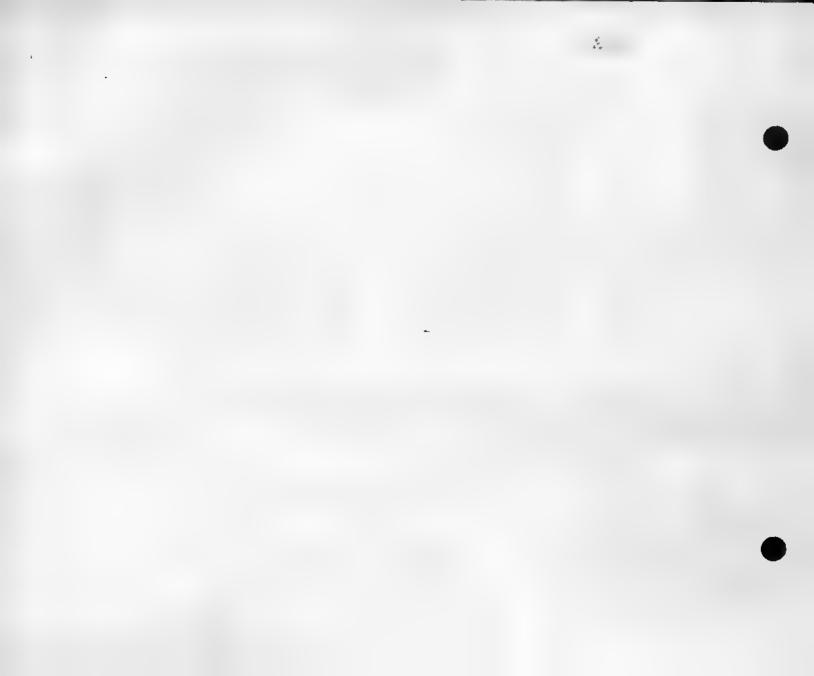
	1 3/	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	4 604×	07681 CERTIFICATE OF DEATH
	24 hours after death filled in by the Luneral apers. Pages Land	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
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	rs aff by th Pages prs af	b. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
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	1 24 hours of filled in by papers. Pag	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS  ON A FARM?
		teniziona General Hospital 226 Monticello Ave. VES NO IN
	taw requires that the death certificate be executed within 24 littlending physician.  has been signed by the attending physician and completely filled as the burial-transit permit. Then please remove carbon paper prior to burial, cremation, or removal, and in any event, within 72.	NAME OF DECEASED (Type or print) GEORGE ASPURY CILICR DEATH MAY 9 19/2
	ed 1	F OFF
	execute and co remove	Dirutely)   Months   Days   Hours   Min.
	execuin and a remo	TOB. USUAL OGGUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. GITIZEN OF WHAT
	ite be e iysician please i l, and in	Salesman- Soap & Chem. Co.  Bridgeville, Del.  U.S. A
	icate physi n ple val, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	ing Ther	Robert Allen Culver Bertha Mae Nichols
	death certificat he attending phy permit. Then p tion, or removal,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.   17. INFORMANT  (Yes, no. or unknown) (If yes give war or dates of service)   March 19.
	featl att	No 340-09-2048 Cello Ave. Salisbury Maryland 1801
	at the deat ian. d by the at ransit pern cremation,	18. CAUSE OF DEATH [Enter only one cause pgr line for (a), (b), and (c).]
	hat the cian. ed by th transit 1, crema!	PART I. DEATH WAS GAUSED BY: Myotar Rial Infanction June 18
	requires that ending physician s been signed s the burial-tra ior to burial, co	Conditions If any which I are which I are a devote corners article
	en s en s bu	gave rise to immediate (b)
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	t. The tail or at ficate h for use health i	Elebral article Insufficiency, PERFORMED?
	Clan. The ospital or a certificate hed for use t. of Health	PART II. OTHER SIGNIFIGANT CONDITIONS GONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    19. WAS AUTOPSY   PERFORMED?
	PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed by detached for use as the burial-transe Dept. of Health prior to burial, cre	
	PHY the this deta	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAGE OF INJURY (Home, farm, 20f. (Gity or town) (Gounty) (State)  Hour a.m.   While   Not While   at work   at work   at work   A control   A
	NG by be State	
	OR ATTENDING be retained by MRECTOR: After e 3 should be ed with the State	21. I certify that (I) (this hospital) attended the deceased from 5/5/, 19/50, to 5/7/, 19/50, that (I) (we) last
	Shirt shirt	saw the deceased alive on 2 19 50, and that death occurred at 2 M, from the gauss and on the date stated above.
		M.D. ATTENDING TO MED. STAFF May 9, 1966
	may Mt. Par	22c. PHYSICHAN'S 22d. ADDRESS
	Page 4 may for EUNERAL director, page should be fill	NAME (Dee Dr. O. J. Burton Medical Center Salisbury Maryland
	Pag Pag Shore	23a. BUR AL GREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR GREMATORY 23d. LOGATION (Gity, town or county) (State)
	F F "	Buriar   May 12/1966 Bridgeville Car.   Bridgeville Delaware
	1m 115 (A)	and the same of th
1	VR AI5 (4) 2044 1/65	HOLLOWAY & COMPANY SALISBURY, MARYLAND   DAMAY 12 1966 June 1966
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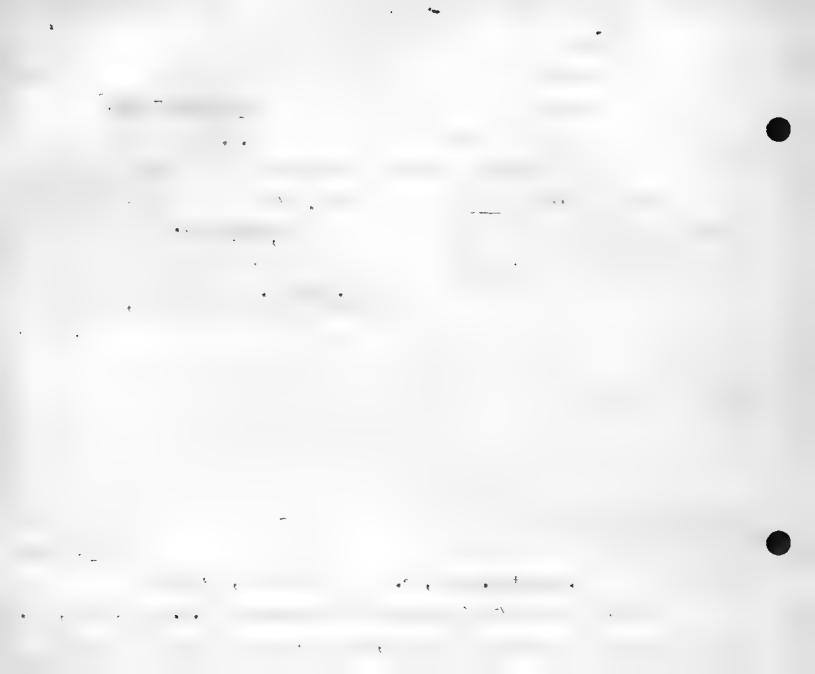


1 /	DIVISION OF STATISTICA	TATAL CONTRACTOR OF TAXABLE AND TAXABLE AN	PARTMENT OF HEALT 5, 301 W. PRESTON STREE		VI AND
: =0:	C7683	CERTIFICAT		. 74	373
d in by the funeral rs Press, and 2 hours red death.	PLACE OF BEATH a. COUNTY	- 1886 O. D. / PAAR		ceased lived, If Institution: Reside	sice before adission)
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	b. CITY OR TOWN (if outs de corporate write RURAL and give nearest town)	timets, a LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside con	1 7	give nearest town)
•	SHAIS BUKY	(if not in hospital, give street address)	d. STREET ADDRESS	V VIEW	6. IS RESTDÊNCE
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	(Type or print) CLARA	M	DAISEY DEATH		7 1966
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10	ALE WHITE IN A USUAL DECEMBER OF WORKER IF THE TENT OF WORKING I Fe, even if ret red)	INDUSTRY	11. BIRTHPLACE (County & State	, or tereion country) 12. CITIZI	EN OF WHAT
	KETIRED	INDUSTRE	DELAWA	RE D	ŜA
1	FATHER'S NAME	D = 10 = 11	14. MOTHER'S MAIDEN NAME	n Dansa	
1	S. WAS DECEASED EVER IN U.S. ARMED FOR		INFORMANT	Address	
10	(lfyes give war or dates of s	errice), 221-24-2866	VINA BERNE	TT, FRANKFO	PD, DZ.
-	18. CAUSE OF DEATH [Enter only one	cause per line for (a), (b), end (c).]		10	ITERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY- IMMEDIATE CAUSE (	. Acute my	ocordine lufar	elm	
	Conditions, if any, which \	/// / /	el- 1/0 mit la	Que -	
	gave rise to immediate cause (a), stating the		ov- perov		
靐	underlying cause last, PART II. OTHER SIGNIFICANT CONDITION		THE TABLE PRODUCTION OF THE PART AND	AND AND MARKET IN	WAS AUTOPSY
CERTIFICATION	PART II. O INER SIGNIFICANT CONDITION	2 COM MARGINE LO DESTA BOLLO TAET	ATED TO THE TERMINAL DISEASE CO.	ADITION GIACIA MANKI T(R)	PERFORMED?
	20a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINI	206. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury in F	art I or Part II of Item 18.)	
4					1031411
MEDICAL	20c. FIME OF MURY Month, Day, You Hour a.m.	While Not While facto	XCE OF INJURY (Home, farm, 20f, xy, street, office bldg., etc.)	(City or town) (County)	(State)
Σ		at work at work at work at at work at	4 - 30 - 19 66 to	5-2-1966	That (I) (we) last
	saw the deceased alive on		t death occurred at o M, fi	rom the causes and on the c	tate stated above.
	22a. SIGNATURE	00111	ATTENDING MED.	STAFF 22b. DATE	SIGNED
	22c. PHYSICANT COMMINICAL	Affect M.	D. PHYS. C. DIRECTOR (	PHYS.	2/66
	NAME (Type)	00			
23	a. BURIAL, CREMATION, 230. DATE TE	EREOF 23c. NAME OF CEMETER	. 14 . 1 / h	OCATION (City, town or county	De 2 A
2	4. FUNERAL DIRECTOR	TADORESS 1 2	SETHEL CO	ISTRAR 250, REGISTRAR'S S	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE after Wicomice Maryland Wicemica MARYLAND Pages b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)

RURAL AND RURAL HOME ACTOR FARM) C. LENGTH OF STAY IN 15 write RURAL and give nearest town) hours Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e carbon papers. event, within 72 h filled d. STREET ADDRESS 6. IS RESIDENCE 24 ON A FARM? R.D.#4 308 Locust Terrace YES T NO executed within etely NAME OF First Middle Day Last DATE Month Year DECEASED MAUDE ELLEN DAVENPORT MAY 23 comple rd 19 66 (Type or print) DEATH 5. SEX emove 6. COLOR OR RACE DATE OF BIRTH AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days Hours | Min. 7. MARRIED 9. NEVER MARRIED Feb.10/1892 Female WIDOWED DO DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTUPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) Berlin, Maryland (Rura) INDUSTRY COUNTRY? House wife None 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then Sarah Elizabeth Cellins Sampson Ayres Wimbrow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. been signed by the attenthe burial-transit permit. H. Wimbrow (Brother) 106 West (Yes, no, or unkown) (If yes give war or dates of service) No Street Salisbury Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? The certificate NO T YES [ 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) detached fire Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not White After 19 al work at work retained hould h the S 21. I certify that (I) (this hospital) attended the deceased from **66** that (I) (we) fast and that death occurred at DIRECTOR Ige 3 short led with t M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED þ filed ATTENDING M.D. DIRECTOR PHYS. 4 may HOSPITAL FUNERAL ADDRESS 22c. PHYSICIAN'S 22d. director, p should be Fruitland. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 .966 Wimbrow & Ward Cometery Ma. 26 R.D FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE COMPANY SALISBURY.MARYLAND VR 415 (4) 20M 1/65



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The part of the pa			in nospital, give litreet address)		ON
5. SEX  6. COLOR OR BACE 7, MARRIED   NEVER MARRIED   8 DATE OF BIRTH  7. ACE THE PRESENT OF FUNDER TEAR IF UNDER LIABLE SHEET OF STATE OF	3	NAME OF First DECEASED		Les 4 DATE OF	Month Day Yes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unknown) Illysegivewer or deleas of service,  DO -32-8982 MRS. HELEN HANCOCK SALISBURY, AMRYLA  18. CAUSE OF DEATH [Enter only one cause per line for ly,, (b), and (c)]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rue to immediate couse (e), steining the underlying (e)  FART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1: 19 WAS  PERF  YES  OR CONTRIBUTING CAUSE OF DEATH  UT ETTHER, NOTIFY MEDICAL EXAMINER  BOTH OF INTURY Month, Day, Year  White Not White st work st work st work st work st work st work  20. FLACE OF INJURY Home, form, 201 [City or town]  County  White Not White st work st work  21. Cartify Ihal (I) (this hospital) allended the deceased from.  22. SIGNATURE  M.D.  ATTENDING MED.  ATTENDING MED.  DIRECTOR STAFF  PHYS.  22. ADDRESS  AND PHYS.  ATTENDING MED.  ATTENDING MED.  DIRECTOR STAFF  PHYS.  22. ADDRESS		CONTRACTOR			U.S.A.
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saw the deceased alive on 5 /2 0/ 6 19, and that death occurred at 8 pm from the causes and on the date stated 22s. SIGNATURE  ATTENDING MED. STAFF PHYS.   22c PHYS.C AN S  22d. ADDRESS	CERTICATION	Conditions, if any, which gave ruse to immediate couse (a), stating the underlying cause last.  PART II OTHER S GNIFICANT CONDITIONS  20a ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH		LATED TO THE TERMINAL DISEASE CONDITI	YES [
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233 BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county)  REMOVAL (Specify)  5/30/1966  WICOMICO MEM. PARK  SALISBURY. AMRYLAN)	MEDICAL	Conditions, it eny, which gove rue to immediate couse (a), stating the underlying couse last.  PART II OTHER S GNIFICANT CONDITIONS  20a ACCIDENT WAS INDERLYING 1 20b. OR CONTRIBUTING 20b. AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 19 mm. 19 as well as the deceased alree on 22b. SIGNATURE 22c Phys.Cans NAME (Type A.C. MITCH BURYAL, CREMATION 23b DATE THEREOF REMOVAL (Specify)	DESCRIBE HOW INJURY OCCURRED EN 200 PLACE OF Mile Not While at work Injury of the deceased from. A company of the deceased from and that dea M.D.  23c. NAME OF CEMETERY OR COMPANY OF	charted to the terminal disease conditions and the formal for Part to the seminary in Part to Part to Part to the seminary in	County  County



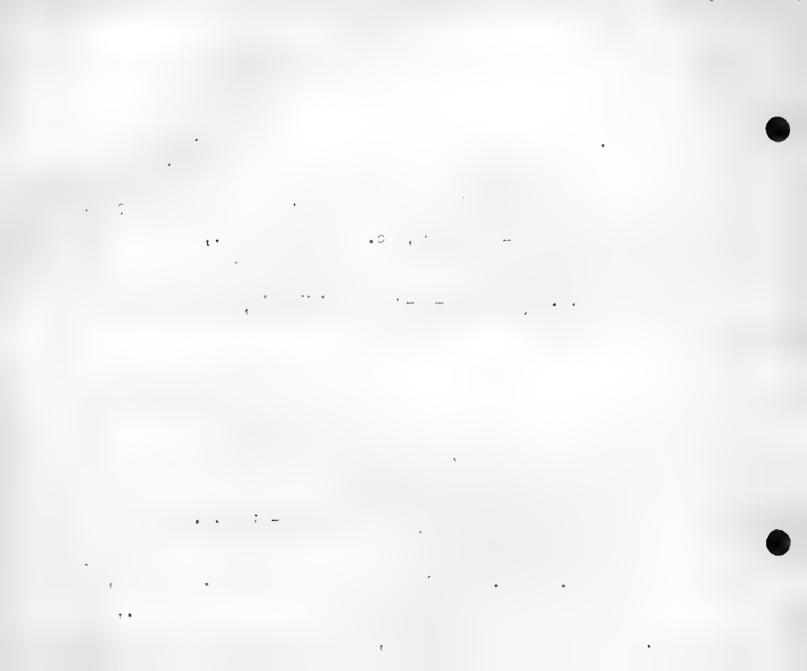
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 63686 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PRACE OF DEATH USUAL RESIDENCE (Whe a decapsed lived if instit from Residence before admission a. COUNTY o STATE **b.** COUNTY delay is and 3 to M3. Page Wicomico Mary Land Wicomico b (TY OR TOWN to take copo ate mits r LENGTH OF STAY N b c CTY OR TOWN (it outs de corporate irmits, write RURAL and give hearest town. write RURAL and give nearest town) Salisbury Quantico d NAME OF HOSPITAL OR NSTITUTION if not in hospital give street oddress) d STREET ADDRESS ON A FARM? Give Poges Peninsula General Hospital Route NO DO YES ofter death 3 NAME OF Fish 4 DATE DECEASED MARGARET TRADER DICKERSON (Type o pnnt) DEATH S SEX DATE OF BIRTH 9 AGE FUNDER FUNDER 24 HRS 6 COLOR OR RACE NEVER MARR ED n yeors (pst birthdoy) Months Dovs Hours Sept. 21, 1893 White WIDOWED & D YOR CED 24 hours In Hem 12 CT ZEN OF WHAT CO NTRY?
U.S.A. 10p JS. A. OCC. PAT ON Give kind of work done Ob. KIND OF BUSINESS OR B RTHPLACE (State or toreign country) dung most of working (telleven it retired) ND. STRY pages 1 Store Owner Groceries Mary land ef Medical Examiners 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Mary Jones Alfred Trader **INFORMANT** 15 WAS DECEASED EVER NO S ARMED FORCES? 6 SOCAL SECURITY NO permit (Yes, no, or unknown) (If yes give wor or dates at service removor Mrs. Mary E. Taylor, Same NTERVAL BETWEEK 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Sudden Cardiac arrest Ь IMMEDIATE CAUSE (0) ъ writing the word DHE TO Conditions, if only, which gave Arteriosclerotic cardio-vascular disease (remail Years (6) rise to immediate couse (a). DHE TO stating the underlying cause 10st PART OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART OF 19 WAS AUTOPS PERFORMED? Uterine bleeding due to endometrial hyperplasia. YES SC NO agent, prior to 200 EXTERNAL (AUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port in Port of Port I of term 18) PR-MARY OF CONTRIBUTING Cardiac arrest while under general anesthesia for D & C. CAUSE OF DEATH 20r TIME OF NURY Month Day Year 2Be PLACE OF N. JRY (Hame form (City or town) Peninsula Gen. Hosp., Salisbury, Wic., Md. of Ma k 5-11-6619 of work TX 2) I certify that I taak charge of the remains described above held on Autopsy (A) Inspect on X ngJiry A and in my apin on death resulted from \_ Natural causes Accident X Su cide Hom ride Undetermined morner CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE TO DEPUTY ö Earl L. Royer, M. DEPUTY MEDICAL EXAMINER May 13, 1966 EXAMINER'S 5 may TO FUNE Heo th Address (Street, city, town, or county) NAME (Type) 109 Comden Ave Salishury 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL CREMATION (County) (State) Burial 5-15-1966 Parsons Cemetery Salisbury, Wicomico, Md. 256. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Milarles VR A15ME (50) Hill Funeral Home, Salisbury, Maryland 6M 1-66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07687 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death ampletely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived it institution. Residence before admission) o. COUNTY o. SIAIE Maryland Wicomico Wicomico MARYLAND b CITY OR TOWN If autside corporate imits c CITY OR TOWN (If outside corporate limits write RURA, and give neatest town, C LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury 1 Wk. Salisbury d NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street address, d STREET ADDRESS e IS RESIDENCE ON A FARM? Blvd. Apartments Peninsula General Hospital NO K Middle 3 NAME OF First 4 DATE Month Dov Year DECEASED DISHAROON 0F **JOHNSON** LYDIA .Type or print 19 66 DEATH 5 SEX IF UNDER I YEAR IF LINDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH AGE ( n years 7 MARRIED NEVER MARRIED han bimhday Months Doys Haurs Oct.21.1895 White Female WIDOWED DIVORCED 100 JSJAL OCCUPATION (Give kind of work done during roost of working life, even if retired)
HOUSE WITE 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State of foreign country) 12 CIT ZEN OF WHAT the attending physician part pleaser. Then pleaser mation, or removal, and the Own Home UUSTRYA. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hettie Ann Hitchens Andrew Johnson 16 SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN L.S. ARMED FORCES? (Yes no grunknown) (If yes g ve wor or dates of service) Mrs. Thomas Irvins Salisbury, Maryland Unknown cremation, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per one for (a, (b, and (c)) signed by the burnal-transit ; ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE or DUE TO Conditions of any, which gove rise to immediate couse (a) DUE TO stoting the underlying couse the TO FUNERAL DIRECTOR: After this certificate has been last WAS MOTOPS: PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO the haspital ar ٥ 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INTURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County, (Stote) fortory, street, office bldg., etc.) Not While at wark Page 4 may be retained by 21 L certify that/(1) (this hospital) attended the deceased from 19(=/- that (1) (we) last 66. to 5 should 19 66, and that death occurred ab: 50P M. fram couses and an the date stated above sow the deceased abve an 220 SIGNATURE 226. DATE SIGNED May 31,1966 2 M.D. DIRECTOR PHYS 22d ADDRESS D. D. 22c PHYSICIAN'S St. Salisbury, Maryland directar, po shauld be f NAME Type, Dr. William B. Smith Div. 23d LOCATION (City of Town) 23b DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY (County) (State) 230 BUR AL CREMATION, REMOVA (Pacify) Salisbury, Maryland Parsons Cemetery 5-30-1966 25b REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL OIRECTOR VR A15 (4) Hill Funeral Home Salisbury, Maryland Miarle. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY W1com1co e. COUNTY Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Sallsbury C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Upton Street Upton Street YES -NO w executed within carbon NAME DE First Middle Last Day Year DECEASED WILLIAM WINFRED DIXON 19th 19 66 (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED IX NEVER MARRIED last birthday) Months Ma Te April WIDOWED! DIVORCED . 24 10a USUAL OCCUPATION (Give kind of work done ) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT.ZEN OF WHAT during most of working life, even if retired) COUNTRY Retired Salesman-Furniture.etc. Wicomico Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Dixon Octavia Sirman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. .Dixon(Wife)136 Upton Stree Maryland been signed of the strength of the burial, commati 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET\_AND/DEATH PART I, DEATH WAS CAUSED BY: attending physician, IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 2(a) WAS AUTOPSY PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from A and that death occurred a M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a SIGNATURE director, page M.D. PHYS PHYSICIAN FUNERAL NAME (Type Ave. Salisbury, Maryland Maryland pluods Beardal 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. Wicomico Co. Maryland 1966 Shad Point Cemetery REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS SALISBURY MARYLAND VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If instriution: Residence before admission) a. COUNTY b. COUNTY Dorchester a. STATE Maryland Wi cemi co MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1D c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury, Mary Jan 2 mo. 21dam Wingate Mary Jand d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Deer's Head State Hospital YES NO X 3 NAME DE Middie Last DATE Month Day Year DECEASED Hannie. TQ. (Type or print) Dunn DEATH May 19 66 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED гелоуе last birthday) Months I Jul¥ 27, 1884 Hours I White Female WIDOWED X DIVORGED [ Ξ 108 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease law requires that the death certificate be INDUSTRY HOME COUNTRY? Dorchester Co., Maryland USA Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Cusick Annie Tucker 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) Mrs Phillip Todd, Cambridge, Maryland Unknown No 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET/AND DEATH PART I. DEATH WAS CAUSED BYreal IMMEDIATE CAUSE (a) コンベイ DUE TO Conditions, If any, which rise to immediate DUE TO cause (a), stating the underlying cause last. (c). 32 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY PERFORMED? PHYSICIAN: The YES [ NO K 2Da. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work 66 to 5 - 29 19 66 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at 44 M. from the causes and on the date stated above. saw the deceased alive on... 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. director, pa 22d. ADDRESS PHYSIC!AN'S NAME (Type) Salisbury, Aryland Gore, L.D. 23a. BURTAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Cambridge, Maryland 1966 Cambridge Cemetery 24. FUNERAL DIRECTOR-252. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 2DM 1/65



1 (RA		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
# PALLY	/	C7590 CERTIFICATE OF DEATH	24630
24 hours after death.  filled in by the funeral apers. Pages 1 and 2 nn 72 hours after death.	1.	PLACE OF DEATH a. COUNTY a. COUNTY	Residence before admission
ter 1		MARYLAND MARYLAND MARYLAND	icanica /
executed within 24 hours after an completely filled in by the fremove carbon papers. Pages 1 any event, within 72 hours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	L and give nearest 1,6wn)
in the line		Salishape	
lled 72		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
THE COL		Kerinsula General Vospital R.F.D.#1	YES NO K
, wi	3	NAME OF First Middle Last 4. DATE Month OF	Day Year
Veni	5.	SEX   6. COLOR OR RACE   7 MARQUED NO NEVER MADDIED   18. DATE OF BIRTH   19. AGE (IN years) IF UNDE	19 4 6 R I YEAR JI FUNDER 24 HRS
	1	last birthday) Months	
			CITIZEN OF WHAT
and in	du		COUNTRYT
9	13	Teacher School   Waryland   U	LE A
ernit. Then pie in, or removal, a		Elbert Duckery Florence Miller	
- E	1,5	EL DEPT DUCKERY  S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (as, no, or unknown) (If yes plue war or dates of service)	
	1	No 215-20-0993 Joseph Dutton Quantico Md	
burial, cremation, or n		18. CAUSE OF DEATH FEnter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
Te II		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Pulmony I Round Scandowy	UNSEI AND DEATH
á		DUE TO TO A richardle of males	
3		Conditions, if any, which gave rise to immediate (b)	
3		cause (a), stating the DUE TO The Correction of Certific	
<u>.</u>	N.	underlying cause last. ) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 113	D 119. WAS AUTOPSY
	CERTIFICATION	THE TRANSPORT CONDITIONS CONTROL TO DESTRUCTION OF RELATION FOR THE PERMITTAL DISEASE CONDITION GIVEN IN PART 140	PERFORMED?
	THE	20a. ACCIDENT WAS UNDERLYING 13 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 1	YES NO
State Dept. of Health prior to burial, cr	CER	20a. ACCIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1 (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3	CAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (C	ounty) (State)
	MEDICAL	Hour a.m.  p.m.  19   While   Not While   factory, street, office bldg., etc.)	
	-		€€, that (I) (we) last
		saw the deceased alive on 5/65 1966, and that death occurred at 300M, from the causes and on	the date stated above
Ē		22a. SIGNATURE 22b.	DATE SIGNED
director, page 3 should should be filed with the S		M.D. ATTENDING MED. STAFF PHYS.	_
should be		22g. PHYS.CIAN'S NAME (Type) 22d. ADDRESS	
	232	2. BURIAL, CREMATION, 230. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or or	ounty) (State)
SAIC	238	NEMOVAL (Specify)	ounty) (State)
	24		R'S SIGNATURE
20	1	Il to F Stewart Solis and DATEMAY 20 1966 your	ales Jurige
(B)	717	major de la	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, and PLACE OF BEATH 4. COUNTY USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY comic MARYLAND 0 Pages b. CITY OR TOWN (If outside corporate limits, OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 9 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? within. ND X YES executed within carbon 3. NAME OF First MIddle Last DATE 4. Month Day DECEASED remove carb DF DEATH VER OWE (Type or print) IOT 1966 ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months | Days | Hours | Min. SEX 6. COLOR DR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED pue WIDOWED DIVORCED 10a USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be INDUSTRY COUNTRYT MED C attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address transit permit. (If yes hive war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ) INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH 畜 PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) YP be retained by the hospital or attending physician. hrombosis signed 2 DUE TO teriosclerosis Conditions, if any, which peen gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has 83 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTDOSY for use Health p certificate PERFORMED? CERTHFICAT reum on ia NO 🔀 YES T 200. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CTOR: After this certification is should be detached for the State Dept. of by 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While n.m at work to MAY 21. I certify that (I) (this has 1966 that (I) (ive) last ital) attended the deceased from. DIRECTOR: Jage 3 should led with the and that death occurred at 122 .M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page STAFF PHYS. ATTENDING 27, 1966 DIRECTOR M.D. Page 4 may HOSPITAL director, p. PRYSICIAN'S FUNERAL 22c. 22d, ADDRESS NAME (Type) NE Koud BURIAL, CREMATION, 1 23b. DATE THEREDE NAME OF CEMETERY OR GREMATORY. 23c. LOCATION (City, town or county) REMDVAL (Scecify) FUNERAL DIRECTOR VR AIS (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Wi comico a. STATE Maryland comico 24 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury JALISBURY

A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) (Rural) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 Cedar Hurst NINSULYA Tr. Park YES NO X certificate be executed within NAME OF DATE OF DEATH Day Middle Month DECEASED (Type or print) 4410 AGE (In yedrs | IF UNDER 1 YEAR IF DATE OF BIRTH emove. 7. MARRIED A NEVER MARRIED 21,1890 Gawoo1W DIVORCED ! 102 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10h, KIND OF BUSINESS OR 12. CITIZEN OF WHAT re Company COUNTRY? Fire Fireman Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Route 2 (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Mary Elliott Salisbury, Md. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) or attending physiclan. burial-t burial, DUE TO YEAPS Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO E the hospital 203. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (County) 20f. (City or town) (State) Hour a.m. at work Not While at work 5-28 21. I certify that (I) (this hospital) attended the deceased from... 5-13 1926, that (I) (we) last 1966, and that death occurred at 10 5 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNAFURE 22b. DATE SIGNED -28-DIRECTOR FUNERAL PHYSICIAN' 22c. 22d. ADDRESS NAME (Type) director, should BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) -1966 Cambridge Dorchester Mem. Park 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Thomas Wallace Salisbury, Md. VR A15 (4) 20M 1/65



1 (M		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
4 504		CERTIFICATE OF DEATH	01683
after death, the funeral ges 1 and 2 after death,	1.	PLACE OF DEATH  a. COUNTY  Wicorico  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Re  b. COUNTY  Wi	comico
hours after in by the rs. Pages 2 hours aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	nd give nearest town)
0		Salishury 117R. Allen	1
within 72 h		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS	e. IS RESIDENCE
17		Deer's "ead State Hospital; Salisbury, id	ON A FARM?
	3.	NAME DF First Middle Lest 4. DATE Month	Day Year
		DECEASED (Type or print) Louise Eliza Elzey DF DEATH 5/2	19 66
	5,	SEX 16 COLOR OR RACE 7 MAGRICULT TARREST NO. 8 DATE OF RIGHT	
	10.	Female White WIDOWED DIVORCED 1/16 23, 1896 69 yes Months	leys Hours Min.
	que	ing gross of working life, even it retired) INDUSTRY	IZEN OF WHAT
	13	10000 10000 10000	<i>J</i> //.
		Jalla 74 74 74 10/10/1006/ 1006/ 1/ FEW +	
	15	WAS DECEASED EVER NU S ARMED FORCES? ( 16. SOCIAL SECURITYNO, ) 17. INFORMANT Address	
	(Ye	15, 10, or unknown) (If yes give war or dates of service) UNKNOWN 2022 Ed. FLXEY-TRUITLAND	M
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).1	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a) Bronchopneumonia	3 weeks
	П	443 X DIE TO	J-WOOND -
		conditions, if any, which ) (D) Hypertensive arteriosclerotic cardiovascular	Years
		gave rise to Immediate Cause (a), stating the DUE TO disease	
	_	underlying cause ast. ) (c)	
_	101	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
Ł	ICA	Old recurrent cerebral thrombosis	YES NO
	CERTIFICATION	20a ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18) DR CONTRIBUTING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	D.CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) factory, street, office bidg., etc.)	ty) (State)
	MFD.	p.m. 19 at work at work	
			, that (i) (we) last
		saw the deceased alive on 5/2 1966, and that death occurred at M, from the causes and on the	
			E SIGNED
		W. W. COLLET M.D. ATTENDING MED STAFF DE 5/3	2/66
		22c. PHYSICIAN'S NAME (Type) T TY No 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
1		L.V.Maldve, M.D.   Deer's Head State Hospital;S	
Λ	238		
7	24		SIGNATURE
5.		HILL TUN HOME, JALISBURY, MOV DAMAY 3 1966 JOHNSON	Judge
	1-1	The state of the s	7



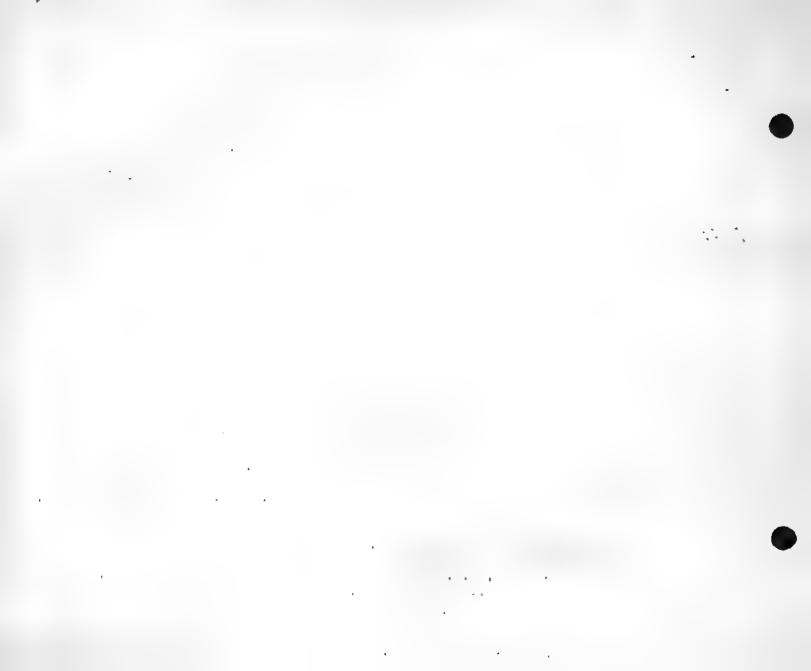
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death ve carbon papers. Pages 1 and 2 event, with n 72 hours ofter death 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) completely filled in by the funeral lave carbon papers. Pages I and PLACE OF DEATH o COUNTY b county. MARYLAND CLENCTH OF STAY IN 16 b CITY OR TOWN . Il outside corporate I mits c CITY OR TOWN (If autside corporate limits, write RURAL and give neatest town) write, RiRA, and give negrest town WILLARDS ILLARDS d. STREET ADDRESS e IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street oddress) ON A FARM? YES 🗀 NO TO 3 NAME OF First Middle 1051 4. DATE Year DECEASED DEATH 19 6 6 Type or print AGE (in years F. MIDER . YEAR 5 SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH last birthdoy) Days W:DOWED 12 CIT ZEN OF WHAT 106, KIND OF BUSINESS OR 100 JSUAL OCCUPATION [Give kind of work done County & State or foreign country. COUNTRY? during prost at wo king life even fretired) 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME burial, cramation, or removal WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN) burial-transit permit INTERVAL BETWEEN CAUSE OF DEATH Enter on y one couse per line for (o,, b PONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital or ottending physician Conditions, if ony, which gove use to immediate couse (a). DUE TO storing the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director page 3 should be detached far use as the should be filed with the State Dept of Health prior to 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES F Νů 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) (County) (Stote) TIME OF INJURY Month Doy Year foctory street, office bldg , etc.) Hour o.m 21. 1 certify that (1) (this haspital) attended the deceased from 14.5 19 6 (hat (1) (we) last and that death accurred a 3.30PM fram causes and on the date stated above saw the deceased alive an 22o. SIGNATURE ATTENDING M.D DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 B JRIAL CREMATION, (County) REMOVAL Specify LEWIS NILIARIDS 1RIAL FUNERAL DIRECTOR



1	MARTLAND STATE DEPARTMENT OF HEALTH,DIXISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
걸 등 7 년	CERTIFICATE OF DEATH
24 hours after death. filled in by the funeral apers. Pages, 1 and 2 n. 72 hours after eath.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. STATE b. COUNTY
by the f	WICOMICO MARYLAND Sill Sussel
Page 9	write RURAL and give hearest fown)
hou hou ed in 2 ho	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS     e. IS RESIDENCE
	Repinsula General Hospital R.L. 3
ted within 24 completely fill ve carbon pap event, within it	3. NAME DF DECEASED (Type or print)  Outh A Hiddle  First Aliddle  Last 4. DATE DF Month Day Year DF THA  THAT DEATH MOV 25 39 (1)
ited wi	
executed within by and completely carbon in any event, within	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR OF UNDER 24 HRS. last birthday) Months Days Hours Min.
	IDS USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done little of work line) 12. CITIZEN OF WHAT GOUNTRY?
d a sa s	Sugarated Checking Vacanation Lit.
death certificate be ne attending physicial permit. Then phase ilon, or removal, and	13. FATHER'S MAIDEN NAME
cer endir t. T	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address (Yes, no, or unsum)   ((f yes live war or dates of service))
requires that the death ding physician.  been signed by the attr the burial-trans.t permit or to burial, cremation, or	The The Transfer of the sales of services 222-20-4515 Hazzar Crans - Mille fore &
S.t.t	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
hat t Cian. ed b tran	IMMEDIATE CAUSE (a) Corving Shrombosis Few has
es th sign urial urial	Conditions, if any, which ) (b)
law requires that the ttending physician. has been signed by the safthe burial-trans.t	gave rise to immediate ( cause (a), stating the DUE TO
law requi	underlying cause last. (c)
ICIAN: The la ospital or att certificate h. thed for use at. of Health p.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO Z  203. ACCIDENT WAS UNDERLYING OF AUSTRALIA CONTRIBUTING OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAM.NER)  19. WAS AUTOPSY PERFORMED?  YES NO Z  10. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.)
MN: 7 ital for if He	203. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Pert 11 of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER)
PHYSICIAN: the hospital this certific detached fo	
te e te	ZDC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm., factory, street, office bldg., etc.)   While   at work   At
After After State	
CR ATTENDIN y be retained b DIRECTOR: Att age 3 should b iled with the St	21. I certify that (i) (this hospital) attended the deceased from Man 27, 1966, that (i) (we) last saw the deceased alive on Man 21966, and that death occurred at 7 4 M, from the cluses and on the date stated above.
OR AT DIRECT Se 3 s ed with	22a. SIGNATURE / / A DATE SIGNED
PROSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, and	22c. PHYSICIAN STAFF DIRECTOR STAFF DIRECTOR NO. 22d. ADDRESS 22d. ADD
HOSPITAL SEE 4 mg FUNERAL FOUGH be f	NAME (Type) (3. Herbert Dempla Statistury & kid
TO ROSPITAL OR Page 4 may be director, page 3 should be filed by	23a. BUPIA., CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, town or county) (State)
5	24. FUNERAL DIRECTOR ADDRESS 1250. REGISTRAR 250. REGISTRAR'S SIGNATURE
VR AIS (4)	Tonafoltames - Millston Set JUN 2 1966 Charles Judge
20M 1/65	The same of the sa



7 1 =	1	MARYLAND ST Division of STATISTICAL RESEARCH AND RECO		EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MARYI	LAND 21201
FOR STATE A	1	A M A A A		CERTIFICATE OF DEATH	97686
HEALTH DERI	1	PRACE OF DEATH O COUNTY Wicomico MAI	RYLAND	2 USUAL RESIDENCE (Whe e deceased yed if hist).  o STATE  Delaware  b. COU	
ond M3.		b (TY OR TOWN to itside to po one limits c.ENGTH OF STAY write RURAL and give negrest town.	' N .b	c CTY OR TOWN if dutside corporate aim is write Ru	RAL and give nea est town
- X = = 3 / (	0	d MANY OF MOSPITAL OR INSTITUTION (things in hospito give sheet address  Peninsula General Hospital		d STREET ADDRESS 721 W. Ivy Drive	B IS RESIDENCE ON A FARM? YES NO
Part Part Part Part Part Part Part Part		NAME OF BUGENE PAST Middle VESTA		GASKIN  4 DATE Man OF DEATH	5-25-66
		Male   6 (0.00 OR RACE   7 MARR ED   NEVER MARRE  White   W.DOWED   D.VORCE		9 -10-25 10 yrs burnday 9 AGE o yeors	Months Days Hours Min
4 C S E F	į.	DO JSUAL OCCLIPATION (CIVER INDICATED THE PROPERTY OF BUSINESS OR PROSTORY OF BUSINESS OR PROSTRY  SECTION OF BUSINESS OR PROCESS OR PROSTRY  A FATHERS NAME	RP.	B RTHPLACE (Stote or tare gn country) MARYLAND	2 CTIZEN OF WHAT
with r pencl Exam.n File pag		HIPPSAY GASKIN  S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17	14 MOTHER'S MAJOEN NAME FLORENCE MILLARI INFORMANT Addi	
e executed in pending in et Med ral E Isst permit. F		(ves q ve va produser) serv ce 13-20-024		DRETTA E GASKIN- SE	ARRO DEL
nsii et		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY  Asphyxia  J. 2. 7  DUE TO			MINUTES
発生を の更			rneti	on of Trachea	Minutes
his certifications writing a farwarde os used as ta burial, or the	CATEON	PART : OTHER S GNIFICANT COND T ONS CONTR BLITING TO DEATH BUT NOT RI			19 WAS A TOPSY PERFORMED? YES NO
MNER: This is no certificate shauld be far files. 3 shauld be unent, prior ta be to	E	200 EXTERNAL (ALSE WAS PRIMARY ■ OF CONTRIBUTING □  CALSE OF DEATH  Patient	O{(JRRED	Enter notice of injury in Port or Port of item 18.)	
EXAMINER: tute the certifage 4 shau.d yaur files. Page 3 shauld agent, pric	AED-CA.	20c TIME OF INJURY Month Day Year 20d IN JRY OCCURRED 1	20e PL/		(Caunty) State)
		21   certify that I took charge of the remains described a death resulted from Natural causes . Accident X		gide Hamicide Undetermined in	ond in my opinion
DEPUTY MEDICAL Excessory, please exect en funeral director. Por may be retained for FUNERAL DIRECTOR:		ACTUAL SIGNATURE		CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MEDICA necessary, please es the funeral d rector 5 may be retained TO FUNERAL DIRECT Health or its design	23	EXAMPLES Earl L. Royer, M.D.  NAME (Type) 1.00 Camden Ave. Salisbury.  30 6 R A. (REMATON 235 DATE THEREOF 230 NAME OF CEN	Md.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  CREMATORY 23d LOCAT ON City or to	May 26, 1966
<b>— —</b>		130 R 1966 1966 1966 1966 1966 1966 1966 19	LOW	SCENETRY SEAFORD 250 RE	DECAWARE CLIANES SCHALLES Cliantes Judge
VR A 15ME (5)		Watson Funeral Home. Seaford, Dela		MAY 3 1 1966 /	marces judge



1 -		Division of STATISTIC	CAL RESEARCH AND RECORDS, 30	W. PRESTON STREET, BALTIMORE, MAR	YLAND 21201
FOR STA		C7697	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	27687
A HEALTH DI	EP1497	I PLACE OF DEATH		2 USUAL RESIDENCE Whe e deceased year finshi	
a to a general	1	o. COUNTY Wiconico	MARYLAND	a STATE Maryland b. co	Somerset /
Lefay and 3 th	deo	b (TY OR TOWN I outside corporate mits	c ENGTH DE STAY IN 6	c C.TY OR TD.WN   outside carporate mits wite €	
y Retay .s and 3 to PM3. Page	ter l	write RURAL and give pearest town) Salisbury	40 Years	Princess Anne, M	d.
	o o o	d NAME OF HOSPITAL DRUNSTITUT DN + not i		d. STREET ADDRESS	8 S RES DENCE ON A FARM?
es l'érre	State Department of haurs after death	Peninsula Ge	neral Hospital	Route 2, Box 325	YES NO
offer death 8 Give Pinge along with f	204	3 NAME OF FIST	Middle		nth Doy Year
D a M	With the work	(Type or prof) Litty L		DEATH	5-27-66
25 E	the state of		10,14%	DATE OF BIRTH 9 AGE in years lost birthdoy)	Months Doys Haurs Min
118 18 0e 0		Male AA		60 vs	
haurs Item 18 Office	even	100 JSUA. OCCUPATION (Give kind of work done to post of working the even fretzed)	Ranife Cad	BIRTHPLACE (State or tare gn country)  AT	2 CT ZEN OF WHAT
\$ E \$	pages in any	La Dor	Railread	New York	1 D.H.
				Sadie Wilsen	
P P P	al d	Irvin R. Grant  IS WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 1		fress
~ -=		(Yes, nin, ar unknown) (If yes, give, war ar dates af s	ervore1	vin R Grant. IFI Prince	
ding ding	motion, ar remaval,	1B. CAUSE OF DEATH (Enter only one couse		VIII R Grant. EFIFFING	INTERVA, BETWEEN
e e pen	E 2	PART   DEATH WAS CAUSED BY	Color annual control de la con-	ກດກາກກ່າວແລ	ONSET AND DEATH
950		IMMEDIATE CAUSE (o)		ioi i nago	0 110420
wo was		Conditions, if any, which gave ) (5)		1011TVSM	6 hours
the the	cremation,	rise to immediate couse (a).  stating the underlying couse DUE TO		3	0 11-02-0
cat mg ded	8 .	lost. (c)			
writh wor	burial, o	PART , OTHER S ON F (ANT COND.) ONS CON	TR BUT NO TO DEATH BUT NOT RELATED TO T	HE TERM NA. D SEASE COND T ON GIVEN N PART 1(a)	19 WAS AUTOPSY PERFORMED?
hs cote, you for		0 14			YES 🔀 NO 🔲
Fig. 3	9 5	200 EXTERNAL CAUSE WAS PR MARY OF DEATH CAUSE OF DEATH	206 DESCRIBE HOW INJURY DECURRED	Enter nature of injury in Port I or Part II of item 18.)	
INER: The certific should be fales					
	its designated agent, prior to	20c TIME OF INJURY Month, Day, Year		E DF INJURY (Home, form, 20f (City or lown)	(County) (Stote)
XAN te t yeu	60	p.m.	ot work U ot wark U		
L EXA cerute Page for you	oted	- //	of the remains described above, he		quity 🔼 and in my apin an
ed to e	igi	death resulted from Natural	causes 🔼 , Accident 🗐 , Suic		manner :
MEDICA please ex director.	g g	ACTUAL		CHIEF MEDICAL EXAMINER	22. DATE SIGNED
IY I	£	SIGNATURE	M.D.	_M.D. ASSISTANT MEDICAL EXAMINER L  DEPUTY MEDICAL EXAMINER (X	May 28, 1966
PUI San V b	i 2		ve. Salisbury, Md.	Address (Street, city, town, or county)	May 20, 1700
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your or sinustral integrand.	Health Y	230 BURIAL CREMATION 23b DATE THERE	OF 23c NAME OF CEMETERY DR		Town) (County) (State)
5 = = ~ 5	≥ =	Burial Specify 5/31/6	6 John Wesle	Princess	Anne Md
		24. FUNERAL DIRECTOR	ADDRESS	250年12年12日 81 (33) 2 (44) (42)	MON TRAN S. GNAL RE
VR A158	VE (5)	"1111am H. James Jr	ome. Princess Anne.	Mg   6011 4 1300 1	Thomas American

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07698 requires that the death certificate be executed within 24 hours after death m by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission a. COUNTY o. STATE IS COUNTY papers Pages 1 of hon 72 hours after a Wicomico MARYLAND Maryland Wicomico c CITY OR TOWN Iff autside corporate limits, write RURAL and give neatest town; b CITY OR TOWN I f a taide corporate innits. C LENGTH OF STAY IN 16 write RuRAL and give negrest town, 11 Days Salisbury Salisburv d NAME OF HOSP,TA. OR INSTITUTION I not in haspital give street oddress] d STREET ADDRESS IS RES DENCE Peninsula General Hospital 220 N. Sal. Blvd. NO DC YES NAME OF Middle First 4 DATE Dov Year DECEASED **JEAN** LONG GREEN 22 1966 May (Type or print DEATH IF JNDER 24 HRS 5 SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years IF JNDER I YEAR 7 MARRIED **NEVER MARRIED** (Burthday) Months Female White Jan. 26,1920 Davs MINOWED DIVORCED rem W. Da JSUA, OCCUPAT ON Give kind of work dane TOP KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or Fareign country) 2 CTZEN OF WHAT please during most of working life even fretired) Own Home Maryland 13 FATHER 5 NAME 14. MOTHER'S MAIDEN NAME removal, . E Walden Mezick Mary Long 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no. or unknown) (If yes give war or dates of service 10 Miss. Jave Nottinghan Same 18 CAUSE OF DEATH (Enter only one couse per NTERVAL BETWEEN signed by the bur.al-transit ONSET AND DEATH PART & DEATH WAS CAUSED BY IMMEDIATE CAUSE .a. **DUE TO** 11 days Conditions, if any which gave use to immediate couse (a), DIJE TO stating the underlying cause the has been last. WAS AUTOPSY PERFORMED? PART II OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:00 a lead YES THE NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part I) of item (B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m Not While factory, street, affice bldg., etc.) at wark of work 21 I certify that (I) (this haspital) affended the deceased fram\_ 5/11/66 19 6 6 that (I) (we) last be retained 19 C.C. and that death accurred at 1:55AM, from causes and an the date stated above saw the deceased alive an 22n SIGNATURE 22b. DATE SIGNED ATTENDING PHYS director, page 3 should be filed v DIRECTOR M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S Oswald J. Burton, M.D. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION (Store) 5-24-1966 Parsons Cametery Salisbury, Maryland 256. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. PUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Hill Funeral Home Salisbury, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY . b. COUNTY Maryland 100m 100 wicomico the MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1D ve carbon papers. Pag event, within 72 hours SALISBURY
d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) Salisbury .≘ o. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 636 Dover Street NO YES completely NAME DE DATE Month 3. Last Day Year DECEASED DEATH 66 (Type or print) HARRY 6011 19 AMES SEX LIF UNDER 1 YEAR HE UNDER 24 HRS remove AGE (In years 7. MARRIED X NEVER MARRIED last birthday) Months Rours in any ( Aug. 28/1909 and WIDOWEO [ DIVORCED [ 10a USUAL OCCUPATION (G.ve kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please during most of working life, even if retired) 200 COUNTRY? Employee-Guard-Boat Salisbury Maryland S removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME Alfred Elliott Daisy Guthrie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. \_ 17. INFORMANT transit permit. (Yes, no, or unknwn) | (If yes give war or dates of service) .Guthrie(Wife)636 Dover No 幸 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN transit The law requires that the ONSET AND DEATH á PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. in signed l DUE TO Conditions, If any, which been gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. has 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO [ PHYSICIAN: this cerum detached for 208, ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. 19 at work should 21. I certify that AD (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED 22a. SIGNATURE 22b. e page STAFF ATTENDING DIRECTOR PHYS. O HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS O FUNERAL director, NAME (Type) Salisbury Maryland should BURIAL, CREMATION, 23b. REMOVAL (Specify) May 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Vicomico Memorial Park Salisbury, Maryland 966 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR HOLLOWAY COMPANY SALISBURY MARYLAND (4) VR AIS 20M 1/65

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1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
	- =N-	CERTIFICATE OF DEATH				
	24 hours after death.  filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH IT 2 IISLIA: RESIDENCE (Where the second limed 15 instriction) Decidence before admired in				
	fe fe	a STATE , b. COUNTY ,				
	by the f Pages 1 urs after	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)  b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	ours and in by Page	Parisburg V7DEV5 Tuneshin				
	14 hour led in pers. 72 hc	d. Name of Hospital or institution (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE				
		Penin suta Menerat VES NOW				
	ding physician, death certificate be executed within ding physician, been signed by the attending physician and completely the bural transit permit. Then bear remove carbon par to burial, cremation, or removal, and in any event, within	3. NAME OF a First Middle Last 1-4. DATE Month Doy Year				
	d w car ent,	(Type or print) 1 A /m / Hake mak DEATH MAG 27 19/				
	ove	5. SEX 6. COLUN OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 Hrs.   last birthday) Months   Days   Hours   Min.				
	execute in and co remove in any ev	1/2/1/10   WIDOWED   DIVORCED   1/2/ Yes				
	e pe	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. BIRTHPLACE (County & State, or Arreign country)  12. CITIZEN OF WHAT COUNTRY?				
	a ( a d	Machinist 10/and 1.5				
	in the state of th	13. FATHER'S NAME				
	nding I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT Address				
	eath certifi attending ermit. There	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT (Yes, mo, or unknown) (If yes give war or dates of service)				
	dea per per tion	ADOTITIONIS NORTHER, LYKSKIN, FO				
	ires that the death of physician, a signed by the attenbur al-transit permit, burial, cremation, or	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  ONSET AND DEATH				
	cian ed l tran	PART I. DEATH WAS CAUSED BY: ( & adequalismona   Charles of fections of the contract of th				
	Tale Paris	Conditions, If any, which ) DUE TO				
	en sen sen sen sen sen sen sen sen sen s	gave rise to immediate				
	ndin be the or t	cause (a), stating the DUE TO (1) A PRINTED COLOR VICE (C)				
	law requires that tatending physician, has been signed be a stree bur al-tranh prior to burial, cre					
	The safe safe	PERFORMED? YES \( \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	Feet and the second sec					
	cer cer cer cer cer					
	he h	2Dc. TIME DF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE DF INJURY (Home, farm, a.m., while at work at				
	ter tate	a.m. While Not While p.m. 19 at work at work				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detached for use as the bur altra should be filed with the State Dept. of Health prior to burial, or	21. I certify that (I) (this hospital) attended the deceased from				
	the transfer	saw the deceased alive on19, and that death occurred atM, from the causes and on the date stated above.				
	OR A be re DIREC Se 3 ed wi	22a. SIGNATURE 22bDATE SIGNED				
	ay to any to be	ATTENDING MED. STAFF PHYS. PHY				
	HOSPITAL age 4 may FUNERAL rector, pa	22c. PHYSICIAN'S NAME (Type) R. L. T. L. C. Los T. L. C. Los T. L. T. L. C. Los T.				
	Page Page Fun direct	23a BURIAL CREMATION, 23b. DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City, town or county) (State)				
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	PEMOVAL (Specify) 5 / 2 - (6 Temperature) 500 (City, town or country) (State)				
		24. FUNERAL PARECYOR ADDRESS 252. REC'D BY REGISTRAR'S SIGNATURE				
	VR A)5 (4)	C/M/2 asid, BIV & IVe, No - MAY 25 1986 Ochania, Que				
	20M 1/65	1 BANDI 4 0 1000 1 County Judge				
		0 0				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 每 2. USUAL RESIDENCE (Where decrased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. CDUNTY b. COUNTY after Maryland Worcester Wicomico MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) G. LENGTH DE STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Berlin Salishurv d. NAME OF HOSP TAL OR INSTITUTION (If not in hospita . a re .treet address) d. STREET ADDRESS 6. IS RESIDENCE 24 ON A FARM? within ead State Hospital ND DO YES. etely executed within HOO NAME OF Elitsi Month Middle Last DATE 4. DECEASED DF DEATH Paul Hamilton May Ē (Type or print) 19 SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours 1 Male White WIDOWED DIVORCED 3 10a USUA, OCCUPATION Give kind of work done 10b, KIND OF BUSINESS DR during most of working life, even if retired) (NDUSTRY 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease 23 COUNTRY? and Mich 1 615 death certificate 13. FATHER'S NAME attending ph removal LDRI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit, cremation, or p 16 SDCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) | (If yes pive war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burra-transit burial, cremat The law requires that the ONSET AND DEATH P I. DEATH WAS CAUSED BY. Bilateral bronchonneumonia Davs IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) been gave rise to immediate the car DUE TO cause (a), stating the underlying cause last. PART :: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate Malignant tumor of left parotid gland with left facial weakness ND TO 5 PHYSICIAN: 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 9/29 19 65 v 21. I certify that (I) (this hospital) attended the deceased from 19.66, that (i) (we) last DIRECTOR: Jage 3 should lied with the 1966 and that death occurred at 10:00, from the causes and on the date stated above. saw the deceased-elive on. 22a. SIGNATURE 22b. DATE SIGNED filed ATTENDING 5/2/66 M.D. PHYS. DIRECTOR PHYS. O HOSPITAL TO FUNERAL 2c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) .Gutierrez-Garrido, M.D. Deer's ead Hospital: Salisbury Md. BURHAL CREMATION, 23b. 23c. NAME OF CEMETERY-OF-CREMATORY 23d. LOCATION (City, town or county) (State) 238 DATE THEREOF EMOVAL (Specify) RO ILMINGTON. EM ATIN 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Wicomico hours after Wicomico Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1650 Galisbury Salisbury bon papers. within 72 ho d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM! Head State Hospital. Salisbury . Md. NO X 605 W. Main St etely NAME OF Middle Last DATE Month DECEASED (Type or print) Charles Harris DEATH 19 66 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days WIDOWED K DIVORCED [ 10a. US JAL OCCUPATION (G vak not of work done) 10b. KIND DE BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY?  $\mathtt{OHIO}$ Chicken Farm Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Charles Harris Lavania Wilson 15. WAS DECEASED EVER NU S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknym) (if yes give war or dates of service) Deer's Head State Hospital Records Unknown ONSET AND DEATH HOURS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] DEATH WAS CAUSED BY: Acute cor pulmonale IMMEDIATE CAUSE (a) bura-t burial, DUE TO Arteriosclerotic cardiovascular disease Years Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Cerebral thrombosis with right hemiparesis YES T NO DO 20a ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, ) 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 66, that (I) (we) last saw the deceased alive on and that death occurred at 1:12 M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page filed STAFF PHYS. 5/16/66 M.D. DIRECTOR FUNERA PHYSICIAN'S 22d. ADDRESS director, p should be 1 Gutierrez-Garrido, M.D. Peer's Head State Hospital, Salisbury, Md. NAME OF CEMETERY OR CREMATORY BOPTAL, CREMATION, FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE 25b.



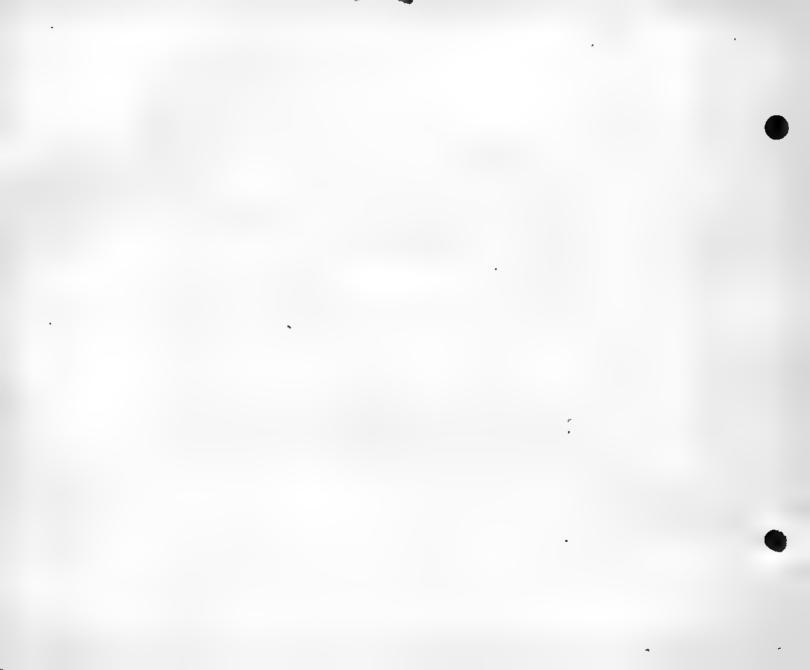
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Maryland Wicomico MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Salisbury GALIS BURY
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5 bon papers. within 72 ho e. IS RESIDENCE filled d. STREET ADDRESS 24 ON A FARM? West Vine Street NOK completely i executed within NAME OF Last 4. DATE Month DECEASED OF DEATH remove carby AUSTIN 196 (Type or print) AGE (In years IF UNGER 1 YEAR IF UNGER 24 HRS. last birthday) Months Days Hours Min. SEX 7. MARRIED T NEVER MARRIED 9. and Sept. 30/1887 WIDOWED DIVORCEO [ physician and please re 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) **COUNTRY?** The law requires that the death certificate be Shirt SA Salisbury, Maryland 14. MOTHER'S MAIDEN NAME гетома transit permit. Then, cremation, or remov-John Hawkins Mary Murphy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Hawkins ( .Zenobia isbury, Maryland INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) transi PART I. DEATH WAS CAUSED BY: the hospital or attending physician, SO MINS IMMEDIATE CAUSE (a) signed been signed the burial tr **DUE TO** Cenditions, If any, which gave rise to immediate OUE TO cause (a), stating the Prior underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO 🗔 203. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) ached f MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bidg., etc.) Hour a.m. Not While After at work at work retained should 196 6.... that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... DIRECTOR: age 3 should ited with the and that death occurred at PPM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page M.O. OIRECTOR \_\_\_ 4 may ROSPITAL FUNERAL 22c. PHYSICIAN'S NAME (Type) **ADDRESS** director, p OXOM UBY NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. 23d. LOCATION (City, town or county) REMOVAL (Specify) Wicomico Memorial Park Salisbury, Maryland 66 ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR MOLIOWAY & COMPANY 366 VR AI5 (4) 20M 1/65

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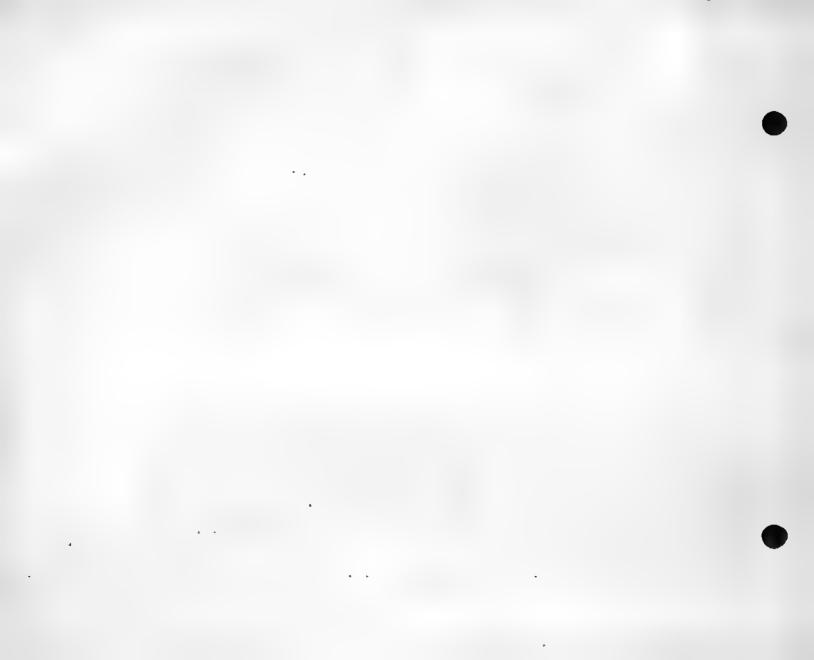
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
funeral 1 and 2 death.	07704 CERTIFICATE OF DEATH 078694
	1. PLACE OF DEATH a/COUNTY b. COUNTY b. COUNTY b. COUNTY
	(VICOMICO MARYLAND MARYLAND MARYLAND MARYLAND
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Salisbury (Quantico Illi
	UN A FARME
1	IENINSULA GENERAL FOSPITAL   KT H   OUTSTATE   YES NO   3. NAME OF FIRST MIDDLE Last   4. DATE Month Day Year
	3. NAME OF DECEASED (Type or print) EVA HUBBERT DEATH MAY 15 1966
	S CEV (S COLOR OF DECE )
	FEMALE NEGRO WIDOWED DIVORCED 9-6-1904 last birthday) Months Days Hours Min.
	108. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHILACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Calfield Da.
	13 FATHER'S NAME
	15 WAS DECEASED EVER IN US ARMED FORCES?   16. SOCIAL SECURITYNO.   17. INFORMANY / Addjess
	(Yes, no, or unknown) (If yes give war or dates of service) (har hes Cornard - Buantee Att Box 214
	1 18 CRISS OF DEATH SENSO ONLY ONE CAUSE POR line for (a) (b) 2 / 4
	PART I. DEATH WAS CAUSED BY: 100 Color al Authority Part I. DEATH WAS CAUSED BY: 100 DEATH 100 D
	SOLX DUE TO
	Cenditions, if any, which \ (b)
	gave rise to immediate DUE TO
ı	underlying cause last. (c) (c)   The significant condition scontributing to death but not related to the terminal disease condition given in Part 1(a)   19.   WAS AUTOPSY   19.   19.   WAS AUTOPSY   19.
	FERFORMED' YES NO T
	YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  202 ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	ZOC. TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While   factory, street, office bidg., etc.)
	E p.m. 19 at work at work
	21.   certify that (1) (this hospital) extended the deceased from
	(saw) the deceased alive of 2 / 195 (c., and that death occurred at 3 A.M., from the causes and on the date stated above.
	ALICIO STAFF DIRECTOR
	22G. PHYS.CIAN'S NAME (Type) 22d. ADDRESS
	238. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)
1	124. FUNERAL DIRECTOR ADDRESS 1250 REGISTRAR'S SIGNATURE
X	Liverta & Jollan - Jersey Rd. Sales. MAY 27 1966 Charles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, It Institution' Residence before admission) a. COUNTY a. STATE b. COUNTY ges 1 after Somerset CITY OR TOWN (if outside corporate harts, write RURAL and give nearest town) Maryland MARYLAND by the Pages c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest thwn) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours hours Life Princess Anne = d. NAME OF HOSPITAL OR INSTITUTION (is not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS filled ON A FARM? YES NO D executed within completely NAME OF DATE First Middle Last 4. Month OF DEATH DECEASED Elizabeth (Type or print) 1966 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH remove 7 MARRIED 8. NEVER MARRIED birthday) Months Days Hours and and Att agy 1890 WIDOWED X DIVORCED physician a 10a. JSUA., OCCUPATION (Give wind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þe COUNTRY? during most of working life, even if retired) INDUSTRY Maryland បន Retired Cook certificate 14. MOTHER'S MAIDEN NAME removal, 13. FATHER'S NAME attending princit. Then Sidney Mills Learh Hayward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address transit permit. death (YES, MO, or unknown) [(If yes pire war or dates of service) 219-07-6486Sarah Dishroon.Princess Anne,Md INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), DNSET AND DEATH certificate has been signed by hed for use as the burial-transi PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (2) burial, DUE TO Conditions, if any, which (b) gave rise to immediate the l DUE TO (a), stating the prior underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health p PERFORMED2 YES [ NO the hospital 20a. ACCIDENT WAS UNDERLYING () OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) After this certif i be detached to State Dept. of A MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. FUNERAL DIRECTOR: After irector, page 3 should be dhould be filed with the State While Not While retained by at work p.m. at work 19 6 6 to 19 Chanthat (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. 19 - and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE director, page 3 should be filed w å ATTENDING STAFF DIRECTOR M.D. Page 4 may 22c. PHYSIC: AN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 232. BUR AL, CREMAT ON. REMOVAL (Specify) 23c. 2 Christ Buria] 8 Coston 66 Station Mary 1811d 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR H. James Jr. Princess Anne, Md VR A15 (4) 15M 4-64



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2 = 2	97706 CERTIFICATE OF DEATH 2696
death.	1 PLACE OF DEATH  1 2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission)
24 hours after death filed in by the funeral apers. Pages 1 and 2 n 72 hours after death	a. STATE Maryland b. COUNTY Kent
afte ges ges aft	b. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b.   C. CITY OR TOWN (if outside corporate limits, write RIRAL and give nearest fown)
urs Pa Pa ours	Salisbury 99 days Millington 14. 2
ed i ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   6. IS RESIDENCE
	Deer's Head State Hospital
within Sletely arbon p	3 NAME OF First Middle Last 1.4 OATE Month Cay Year
i cart	(Type or print) Steven VEY-NON Johnson DEATH May 12 19 66
20.00	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
remer any	Male   Colored   WICOWEO   OIVORCEO   3/7 18/18/18/18/19/9 yrs.
d in	10a USLAL OCCUPATION (Give kind of work done 10b Kind of BUSINESS OR during most of working ife, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CTITZEN OF WHAT COUNTRY 12. COUNTRY 12. COUNTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CTITZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CTITZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CTITZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CTITZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CTITZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CTITZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & State, or foreign country) 13. BIRTHPLACE (County & State, or foreign country) 13. CTITZEN OF WHAT COUNTRY 13. BIRTHPLACE (Country & State, or foreign country) 13. CTITZEN OF WHAT COUNTRY 13. BIRTHPLACE (Country & State, or foreign country) 13. CTITZEN OF WHAT COUNTRY 13. BIRTHPLACE (Country & State, or foreign country) 13. BIRTHPLACE (Country & State, or foreign country) 14. BIRTHPLACE (Country & State, or foreign country) 15. BIRTHPLACE (Country & State, or foreign country & Sta
ysic plea	LADOR UNRIOUS KENTCO, Md VIS. A
e death certificate be en the attending physician is permit. Then please is ation, or removal, and in	13. FATHER'S NAME
ding Bert	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1. 17. INFORMANT Address
th the tree or or or	(Yes, no, or unknown) (If yes give war or dates of service)
dea he a per tion,	100
£ 7.2E	ONSET AND BEATH
cian cian ed l fran	IMMEDIATE CAUSE (a) CA of esophagus
bysi th	Conditions, if any, which
g plug e bu	gave rise to Immediate
ndun be the	customer actions loss
Jaw atter has a as	
or are use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  Arteriosclerotic cardiovascular disease YES NO X
그 윤 중국	20a ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
SICLAN: The law requir hospital or attending is certificate has been ched for use as the b pt, of Health prior to b	20a ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  GOR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
HY. this eta De	20c. TIME OF INJURY Month, Cay, Year   20d INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
DING PHYSICIAN of by the hospital After this certiful be detached in State Dept. of the state of	20c TIME OF INJURY Month, Cay, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m.  While Not While at work at work at work
	21. I certify that (I) (this hospital) attended the deceased from Feb. 2 , 1966, to May 12 , 1966, that (I) (we) last
TTEN Shoot	saw the deceased aire on May 12 19 66, and that death occurred at
W. W	22a. SIGNATURE 22b. OATE SIGNED ATTENDING MED. STAFF 7/22/66
AL OR hay be had be page tifted	M.O. PHYS. DIRECTOR PHYS. IX
PIEM F m. Pe. 1	22c. PAYSICIAN'S C.F. Gutierrez-Garrido, M.D. Deer's Head Hospital; Salisbury, Md.
TO HOSPITAL OR ATTENIENCE Page 4 may be retaine for functal director, page 3 should be filed with the	
5 Pa 1 Pa	23a. BUR AL CREMAT ON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)  BEMOVAL (Specify) 5/17/66   Address Af Chaplecen, R.f. V Chester Recognition
0	24 FUNERAL DIRECTOR . 17 AODRESS / 1258 REC'O BY REGISTRAR 256, REGISTRAR'S SIGNATURE
VR A15 (4)	24 FUNERAL DIRECTOR ADORESS 1258 REC'O BY REGISTRAR 256. REGISTRAR SIGNATURE 1250 REC'O BY REGISTRAR 256. REGISTRA
20M 1/65	The state of the s



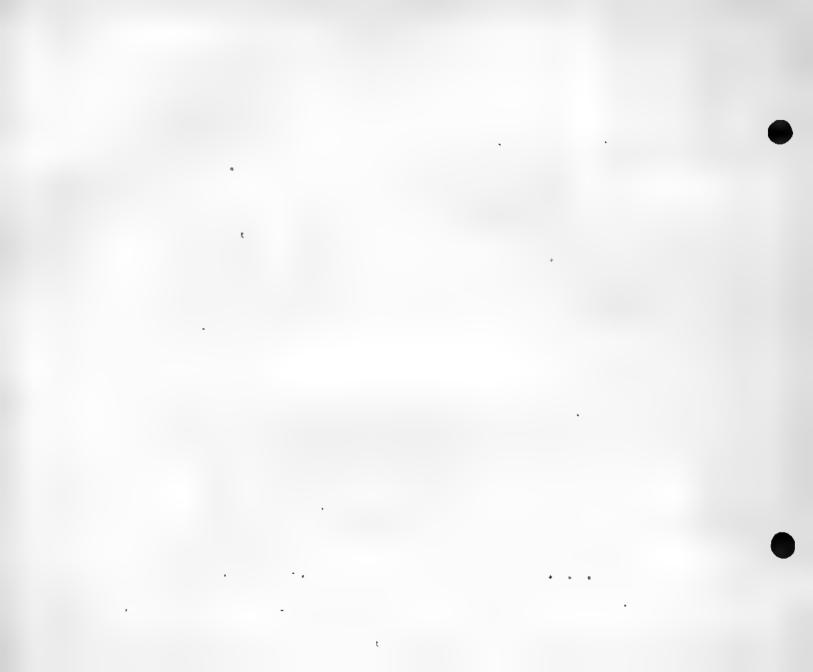
	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
1	C7707 CERTIFIC	CATE OF DEATH	3/697	
īī.	PLACE OF DEATH a. COUNTY	1 2. USUAL RESIDENCE (Where deceased lived, If institut	tion: Residence before admission	
	M4 comfoo	a. STATE b. COUNTY		
			W1Cem1ce	
	write RURAL and give nearest town)		,	
_	Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ad	Salisbury dressi d. STREET ADDRESS	e. IS RESIDENCE	
			ON A FARM?	
_			YES NO X	
3.	DEPEACED	Last 4. DATE Month	Day Year	
6	(Type or print) JOHN WILLIAM  SEX G. COLOR OR RACE 17 MARGIST OF MEYER MARRIED	JONES DEATH May	25 19 66 NDER 1 YEAR   IF UNDER 24 HRS	
	7. MARKIED A MEYER MARKIED	last birthday)   Mor	ths Days Hours Min.	
	Male White WIDOWED DIVORCED			
di	DA. USUAL OCCUPATION (Give kind of work done industry)  Iring most of working life, even if retired)  INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
	Retired Lumber Mill Employee	Pewellville, Maryland	USA	
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	Elis Chester Jemes	Clarissa Richardson		
d	5 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (cs. no. or unknown) (If yes give war or dates of service)	Mrs. Hazel M. Jones (Wife)1:	14 Tilehman	
_	Ne  214-10-9111	St. Salisbury Maryland		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	.]	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CLRE DIOVILAC	ular Accident	12 hours	
	DUE TO A	4 . 0	111	
	conditions, If any, which \ (b) Chilbral (a)	Ellre sclerosis	Menous	
	gave rise to immediate ( cause (a), stating the OUE TO			
-	onderlying cause last. (c)			
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	TI(a) 19. WAS AUTOPSY PERFORMED?	
FICA			YES NO	
CERTIFI	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUR	Y OCCURRED. (Enter nature of injury in Part I or Part II of ite	em 18.)	
	47/ 44			
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20	De PLACE OF INJURY (Home, Farm, 20f. (City or town) factory, street, office bidg., etc.)	(County) (State)	
MED	Hour a.m.  p.m.  19   While   Not While   st work   at work	14470133 0011 4.1140 0.0811 4.114		
	21. I certify that (I) (this hospital) attended the deceased fro	om May 1 1966 to 5/25	194, that (I) (we) las	
	saw the deceased alive on 5/24 1966 ar		on the date stated above	
	228. SHANAYORE	22	b. DATE SIGNED	
	afterest Hunning	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. ME	ay 4/1966	
	PHYSICIAN'S NAME (Type) A George H. Homeine	22d. ADDRESS		
	Dr. George H. Henning	222 N.Division St.Sal	isbury, Md.	
23	BURIAL CREMATION, 23b. DATE THEREOF   23c NAME OF CEL	METERY OR CREMATORY 23d. LOCATION (City, town		
	Burial May27/1966 Wicomico	Memerial Park Salisbury,	Maryland	
1	4. FUNERAL DIRECTOR ADDRESS	1111 0 1 1000 000	STRAR'S SIGNATURE	
1	HOLLOWAY & COMPANY SALISBURY, M	PARYLAND DAMAY 3 1 1966	- Lond land	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE Where deceased lead it institution. Residence before admission a. COUNTY o. STATE Wicomico ö death. Mary Land MARYLAND Wicomico Deportment b (TY OR TOWN I outside carparate invits E LENGTH OF STAY N 5 c. CTY DR TOWN (\* gutside corporate imits write RURAL and give nearest tawn) gud write RURAL and give neorest town) Salisbury Salisbury d NAME OF HOSP IA, DR NSTITUT ON If not in hospital give street address d STREET ADDRESS S RES DENCE ON A FARM? haurs Spring Hill Sanitarium 303 Middle Blvd YES NO IK in Item 18 Give Pages 3 NAME OF Midd e LO51 DECEASED MARION with the within 7 SLEMMONS JONES DEATH May 19 66 (Type a point, 5 SEX 6. COLOR OR RACE B DATE OF BIRTH 9 AGE FUNDER 1 YEAR F NDER 24 HRS 7 MARRIED NEVER MARR ED P years ash burthday) Months Dovs Sept. 28, 1876 Male White W DOWED D YORCED event 10a ISUA, OCCUPAT ON Cive kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 2 CT ZEN OF WHAT U.S.A. INDUSTRY pages lo Engineering Maryland hencil 14. MOTHER'S MAJDEN NAME 13. FATHER S NAME Francis P. Jones Edith Livingston File IS WAS DECEASED EYER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 303 defindale Blvd. permit removal, Yes no of unknown 215-01-2570 Mrs. Marion S. Jones, Salisbury, Md. pending INTERVAL BÉTWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) COSET AND DEATH PART DEATH WAS CAUSED BY ь Uremia IMMEDIATE CAUSE (Q) Ward burial, cremation DUE TO burnal 1 Cand trans Lany which gave Chronic pyelonephritis months rise to immediate cause (a), DUE TO stating the underlying cause las† PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01 19 WAS AUTOPSY PERFORMED? NO DE Fracture. left hip 2Do EXTERNAL CA SE WAS 20b DESCRIBE HOW INJURY OCCURRED Enter notifie at his in Part or Port | of item 81 shauld PRIMARY Or CONTRIBUTING Fell at home. STAL EXAMINER: CAUSE OF DEATH WFDICAL 20e PLACE OF N JRY Home form 20d MUURY OCCURRED ( ty or town, County, State 20r THAT OF IN. RY Month Day Year factory, street affice bldg., etc.) Not While of work may be retained for your RUNERAL DIRECTOR: Page at work Salisbury, Wicomico, Md. Inspection (X) and in my apinian death resulted from / Notoral causes . Acc dent . Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Earl L. Roye M.D. EXAMENER'S May 9, 1966 5 may 10 FUNEY Health a MAME Type Address (Street, city, town, or county) Camden Ave. Salisbury, Md 1.09 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23d. LOCATION (City of Town) (Stote) Burial Meadowridge Mem. Md. Park Howard County 2Sb. REGISTRAR'S SIGNATUR 250. REC'D BY REGISTRAR Willowles VR ATSME IST



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
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an in Service of the	~ ZALISDURY			
24 ho filled i papers.	d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  ON A FARM?  216 Record Street			
ithin 2 stely fil bon pal within	Test notes			
ted within 24 h completely filled ve carbon papers event, within 72	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF OF OF DECEASED (Type or print) JOHN ALBERT Dugg JR. DEATH Month 1966			
nted wi	5 SEX 6. GOLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN YEAR HE UNDER 24 HRS.			
Xect Xect	WIDOWED 1 PHONGED 1 1 19 10/ 1901 yrs			
	102. USUAL OCCUPATION (Greek Ind of work done during most of working life, even if retired)  None  10b. KIND OF BUSINESS OR II. BIRTHPLACE (Gounty & State, or foreign country)  Salisbury. Maryland.  Salisbury. Maryland.			
ficate be physicia in pleas	None None Salisbury, Maryland US A			
eath certifical attending phy ermit. Then p	John Albert King Elizabeth Schultz			
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and a section of the	gave rise to immediate			
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in The state of th	No Account was underlying 200. Describe How injury occurred, (enter nature of injury in Part I or Part II of Item 18.)			
D HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.  Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place Torove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after deapth.	PART II. OTHER SIGNIFIGANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  19. WAS AUTOPSY PERFORMED?  200. AGG DENT WAS UNDERLYING TO GAUSE OF DEATH OR GONTRIBUTIONS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Pert II of Item 18.)			
HYSICI he hos this ce etache Dept.	3 20c. TIME OF INJURY Month, Day, Year   20d INJURY OCGURRED   20e. PLAGE OF INJURY (Home, farm,   20f. (City or town) (County) (State)			
ING PI 1 by th After t the de State	Hour a.m.    While   Not While   factory, street, directory,			
ENDI ined ined ould the \$	21. I certify that (I) (this hospital) attended the deceased from 5/18, 1966, to 1/2/, 1966; that (I) (we) last			
OR ATTENI y be retaine DIRECTOR: age 3 should iled with the	saw the deceased alive on 1966, and that death occurred at 45 Mt. from the gauses and on the date stated above.  22a. SIGNATURE 22b. DATE SIGNED			
ed y be	Alle Carling M.D. ATTENDING DIRECTOR DI			
O HOSPITAL OR Page 4 may be o FUNERAL DIR director, page should be filed	22c. PHYSIG AVS 22d. ADDRESS			
HOSPITAL age 4 ma FUNERAL irector, p				
Pag Page Special Speci	230. BURIAL (Specify) Nay 24/1966 Parsons Cemetery Salisbury, Maryland			
3	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
VR AIS (4)	HOILOWAY & COMPANY SALISBURY, MARYLAND MAY 26 1966 Judge			
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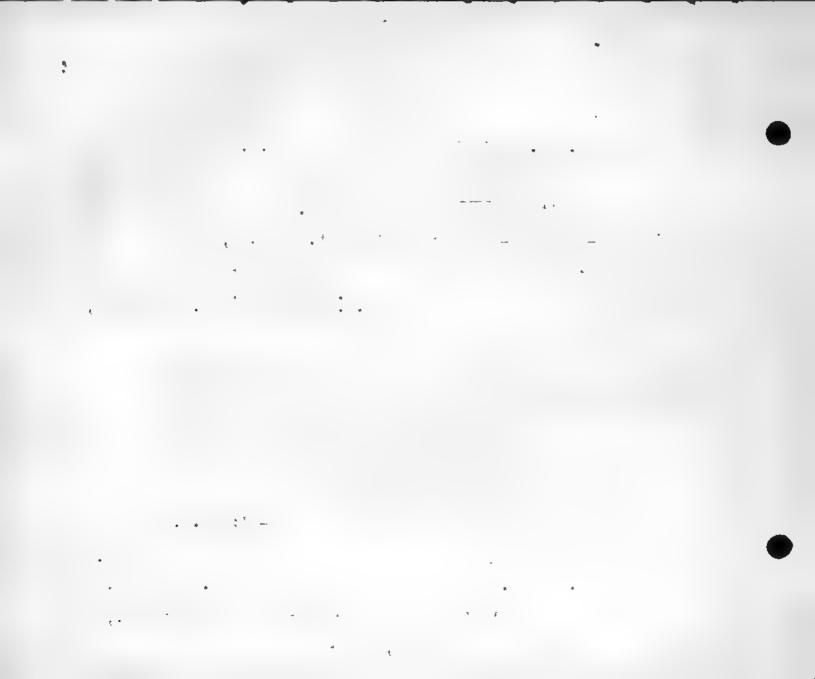


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased yed finish tipn p. COUNTY o STATE b. COUNTY 45 Wicomico death, MARYLAND Maryland Wicomico b (TY OR TOWN ( Fourtside comparate I mits C LENCTH OF STAY IN 16 c ( TY OR TOWN it auts de corporate imits write RURA, and give nealest town puo write RURAL and give nearest town) offer Salisbury Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital bive street address) d STREET ADDRESS S RES DENCE haurs a ON A FARM Peninsula General Hospital Route 3. Walston Switch YES NO 3 NAME OF First M date 4 DATE DECEASED WILLIAM LILLISTON 5-18-66 A . (Type a print DEATH 19 7 MARRIED TO FLNDFR 5 SEX A DATE OF BURTH 9 ACE myeas ALVE FUNDER 24 HRS 4 COLOR OR RACE NEVER MARRIED 12 yrs Months Days Mou s Male AA WIDOWED DAVORCED 3-211-211 haurs 100 US JAL OCCUPATION C ve kind of work done 106 KIND OF BUS NESS OR 11 B RTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ٩٠٥ Virginia
14 MOTHER'S MATDEN NAME Laborer 13. FATHER S NAME Ξ Charlie Lilliston pup Anna Mae Satthel 15 WAS DECEASED EVER NUS ARMED FORCES? & SOCIAL SECURITY NO 17 INFORMANT Rt. Add 55, Halston Swit Yes no o mknown) [if yes a ve wa or dates of serv te] remova perm Nettie Lilliston Salis. Md No 18 CAUSE OF DEATH Ente only one couse per ne for to (b) and (c)) NTERVA. BETWEEN DEATH WAS CAUSED BY Acute myocardial infarction burial-trans 5 MAMEDIATE CAUSE TO wr ting the ward cremotion, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO 63 stoling the underlying couse burnel, o lost PART I OTHER'S GN F (ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISFASE CONDITION G ₹FN IN PART 110 .9 MAS A. TOPS' PERFORMED? YES JUL NO [ 므 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED IEnter notate of mury in Port Los Port of Item 18 prior PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF MULRY Month Day Yea 20d MuJRY OCCURRED The PLACE OF NUTRY Home to m (City or town (County) 1State Not White tactory street office bida, etc.) of work may be retained for your FUNERAL DIRECTOR: Page strow fa 21 I certify that I took charge of the remains described above held an Autopsy (\*). Inspection [4], Inquiry . and in my apinion Notural causes X. Suicide . death resulted fram Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER SALITOR 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Earl L. Royer. M.Y. May 19, 1966 DEPLTY MEDICAL EXAMINER 2 EXAMINER'S 5 may | 10 FUNE Health Camden Ave., Salisbury, Md. 409 Address (Street City town or county NAME Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d. LOCATION City or Town (County) (Stote) REMOVAL (Spec fy) 5/22/66 Salis. Green Aches Park wicomico 25b REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) Clinton

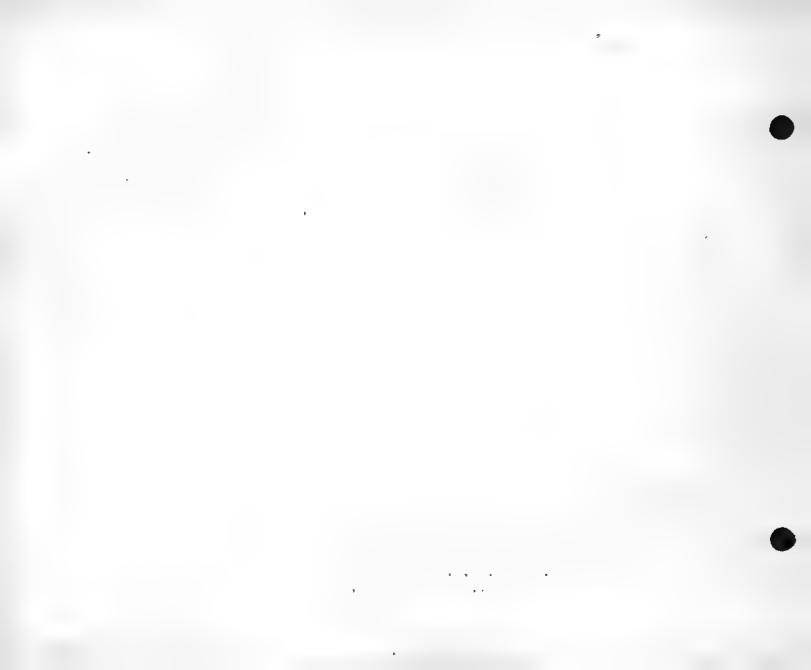


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution' Residence before admission) a. COUNTY b. COUNTY Wicomico Wicomico Maryland MARYLAND CTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury bon papers. wrthin 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.D.#4 Snow Pen.Gen.Hospital H177Rd NO executed within completely carbon 3. NAME DE First Middle Last DATE Month Dav n any event MARY LITTLETON MAY 1956 ELLEN 2nd (Type or print) DUSTO 6. COLOR OR RACE 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours i in any Jan.26 Female DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, eyen if retired Nobusing Retired—mployee—Laundry-Repair law requires that the death certificate be COUNTRYT Eden, Maryland Debt ä 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova George E.Jones E.Smullen Annie attending ermit. Thei Littleton(Husband)
Rd. Salisbury, Mar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. 6 (Yes, no, or unknown) (If yes give war or dates of service) been signed by une the burial-transit permit to burial, cremation, o Maryland INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ) PRISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS (VEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? certificate NO S YES 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour MED Not While at work at work P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Me the causes and on the date stated above. and that death occurred a saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING X M.D. PHYS DIRECTOR PHYS. TO HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL B NAME (Type) director, Marvland Ave. Salisbury, Maryland plnous 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION., 23Ь. 0 966 Wordester Co... Smullen FUNERAL DIRECTOR COMPANY VR #15 (4)

20M 1/65



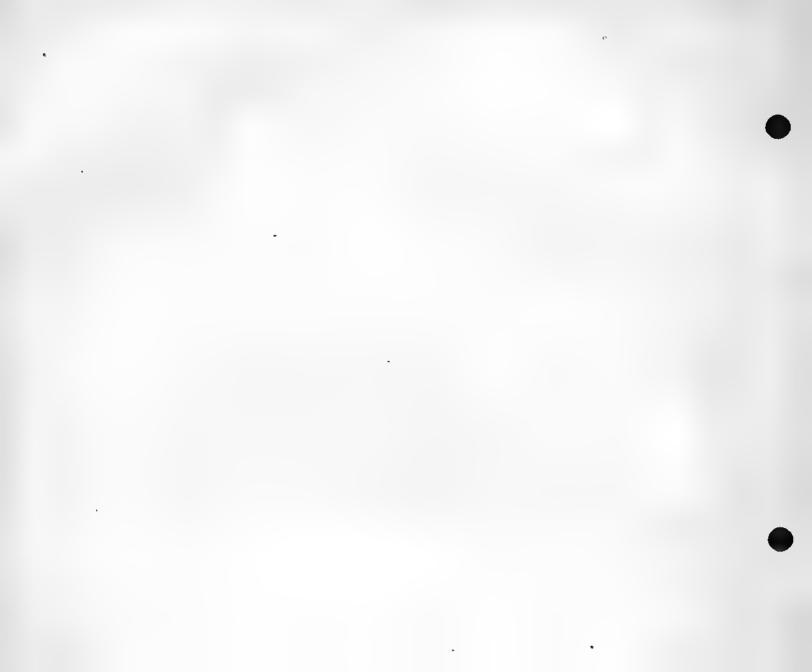
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FOR STATE	07712 Ttem MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
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eose urecte des des des	ACTIVITY / 2 1 1/	CHIEF MEDICAL EXAMINER
Per p	ACTUAL SIGNATURE	M D ASS STANT MEDICAL EXAMINER [] 22. DATE SIGNED
CTO See See See See See See See See See See	EXAMINER'S Larl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER 🗷 May 28, 1966
O DEPUTY MEDICA necessory, pleose eithe funeral direction 5 moy be retained O FUNERAL DIRECTION Health or its des gn	NAME (Type 409 Camden Ave., Salisbury, Md.	Address , Streat, city town or county)
5 % % % % % % % % % % % % % % % % % % %	230 BUR AL CREMATION 230 DATE THEREOF 230 NAME OF CEMETERY OR	
0	24 FUNERA DIRECTOR ADDRESS	T MEMORAL SECULIN NUR XIZ
VR A15ME (5		DIN 1 1966 Acharles Judge.
6M 1/66	. Burbage Funeral Home, Berlin, Md.	DOEULI T 1900 1- 1900



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY ges 1 Marvland the Wercester MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page hin 72 hours a write RURAL and give nearest town) Ocean City NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .⊑ filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? remove carbon par 8th Street YES NO DE within completely i NAME OF Éirst Middle DATE Last 4. Month Year DECEASED DRUMMOND (Type or print) BERTRAM DEATH 19 executed 5. SEX FUNDER 24 HRS 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED DATE OF last birthday) Months | Days in any i Hours and WIDOWED DIVORCED ! YES. 12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) ease death certificate be Burg Engineer Pennsy Railread Accemack Co.. USA Marine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermet. Then I remova Willieanna Kellam Alvin Masen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ed by the attend transit permit. cremation, or re-(Yes, no. or unkown) (If yes give war or dates of service) Mrs. Ocean City, Md, Masen No Annie 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN -transit ONSET AND DEATH À PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Signed burial-ti burial, DUE TO Conditions, if any, which been gave rise to immediate まま DUE TO cause (a), stating the prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate ha for use Health PERFORMED? NO T hospital 20a ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PETSICIAN detached for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of item 18.) should be detailed MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While White at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should iled with the and that death occurred at \$ 150 M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE 22b. DATE SIGNED ĝ page ATTENDING DIRECTOR M.D. PHYS. may 22d. ADDRESS PHYS CIAN'S O FUNERAL 22¢. director, p NAME (Type) Ellis. Salisbury BURIAL CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. 23c. Hellv Com. Onanceck. Virginia Μt Burial FUNERAL DIRECTOR Onanceck. VR A15 (4) 20M 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	IMORE 1, MARYLAND
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w requires : ending phys ss been sig is the bur a rior to buria	gave rise to immediate cause (a), stating the underlying cause last.  Out of the control of the	onset and death
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ING d by After l be Stat	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. p.m. 19   While at work   At	
TO HOSPITAL OR ATTENDING I Page 4 may be retained by it TO FUNERAL DIRECTOR. After director, page 3 should be of should be filed with the State	saw the deceased arive on 19 4 and that death occurred at 7 AM, from the cat 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)	uses and on the date stated above.  22b. DATE SIGNED  15-14-66
AL VI (4) AND	Bury 3/ May 16 1966 Bites Mathedist Snow H.	ty, town or county) (State)  REGISTRANS SIGNATURE  Clearles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth The low requires that the death certificate be executed within 24 hours after death puo PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission ptetely fuled in by the funeral carbon papers. Pages I and o COUNTY MICOMICO papers Pages I MARYLAND b CITY OR TOWN it outside corporate imits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c CITY OR TOWN (It outside carporate limits, write RURAL and give nearest town, SALISBURY d. NAME OF HOSP TALL OR INSTITUTION (if not in hospital give street address) IS RES DENCE d STREET ADDRESS YES NO X 3. NAME OF First Middle DATE Month Lost Doy Year DECEASED OF DEATH ER Type or print 0 19 5 SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH ACE (in years IF UNDER 24 HRS NEVER MARRIED lost bigthdoy) Manths Doys Hours WIDOWED DIVORCED 100 JSUA, OCCUPAT ON (Give kind of work done 06. KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHILACE County & State or foreign country) during most of working life even if retired) COUNTRY? INDUSTRY the attending physician sit permit. Then please pug FREGIORT 7005 EW1F 5 BLE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova 105 C WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT Address SantA DIS PARA It is was give, war or dotes of service) cremotion. ATTRVA. BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a. (b) buriol-transit PART L DEATH WAS CAUSED BY ONSET AND DEATH signed by IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or attending physician. DUE TO buriol, Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR; After this certificate has been d for use os the of Health prior to last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PERFORMED? YES -NO T 20a ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of dem 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER NOTIFY MEDICAL EXAMENER with the State Dept 20e PLACE OF INJURY (Home, form. (Stote) 20c TIME OF INJURY Month Day Year 20d. INJURY OCCURRED 20f (City or town) (County) foctory street office bldg, etc.) Hour o.m. Not While 19 9 196 6that (1) (we) last 710 21. I certify that (I) (this haspital) attended the deceased from \( \alpha \) should saw the deceased alive an -19 4 6, and that death occurred at M, from causes and an the date stated above 22a SIGNATURE 22b DATE SIGNED **ATTENDING** 8 M.D PHYS DIRECTOR PHYS director, page should be filled 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 236. DATE THERPOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23d LOCATION (City or Town) (County) (Stota) REMOVAL Specify) 12111-I 6 19 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



	MARYLAND STATE DEPARTMENT OF HEALTH  ODINISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  Od 706					
1.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury (Rural)		a. STATE Me.) c. city or town (i Sal	outside corporate limi Lisbury (B	COUNTY W1 CC	omico
3.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street and the stree	od	d. STREET ADDRESS Ridge-I Last DLETON	Rockswalki	Month	o. Is residence on a farm? Yes 1 No 1 Day Year 5th 19 66
5. 10a dui	SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED   8.	DATE OF BIRTH	9. AGE (In last birth 79 county & State, or fereign of	years 16 UNDER 11 day) Months D	YEAR HOUTE 24 HRS. 1878 Hours Min. 24 Hours Min. 24 Hours Min. 25 Min. 27 Min.
15	FATHER'S NAME  W1111am Middleton  S. WAS DECEASED EVERING S. ARMED FORCES?  S. WAS DECEASED EVERING S. ARMED FORCES?  Unk  Unk	YNO. 17. IN	Amelia ( wormant Dorothy ne as #2)	eorge	ddress Cep-Daug	ghter)
CERTIFICATION	18. CAUSE DF DEATH LENTER Only one cause per line for (a), (b), are PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	non nelne	tface.	Jolysens DISEASE CONDITION GIV	EN IN PART 1(a)	INTERVAL BETWEEN ONSET AND DEATH  STORY  IC. CAT.  IS. WAS AUTOPSY YES NO TO
MEDICAL CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW I OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED HOW A.M.   While   While   At work   at work   20d.   20d.	D 120e PLACE	OF INJURY (Home, f, street, office bldg.,	f Injury In Part I or Par arm, 20f. (City or to	·	y) (State)
	21. I certify that (I) (this hospital) attended the decease saw the deceased alive on 2/2 19 22a. PHYSICIAN'S NAME (Type) Farl M. Beardsley		ATTENDING W PHYS. ADDRESS Maryland	MED. STAFF PHYS.	22b. DAT	that (I) (we) last date stated above. E SIGNED  /*/7/1966 aryland
	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF REMOVAL (SPECIFY)   May 18/1966 Woodby BURIAL PROPERTY ADDRESS HOLLOWAY & COMPANY SALISBURY		m.Park	Z36. LOCATION (C Woodbury C'D BY REGISTRAR 25 17 1966		rsey signature —

VR #15 (4) 20M 1/65



*	1 ,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
< 1	4 50/-14	CERTIFICATE OF DEATH					
*	after death. the funeral ages 1 and 2 after death.	PLACE OF DEATH 4. COUNTY 2. USUAL RESTOURCE (WI	here deceased fired, If Institution: Residence before admission)				
	er d	WICEmico MARYLANO a. STATE) 2 &.	b. COUNTY LOLECY CEC.				
			de corporate limits, write RURAL end give nearest town)				
	ers Pa ours	do LISBUMG IN	ville				
	ed i ers.	d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS	O IS RESIDENCE DN A FARM?				
	e be executed within 24 hours after sician and completely filled in by the flease remove carbon papers. Pages 1 and in any event, within 72 hours after	enin suta Demerat	FUNAL. YES DE NO []				
	vithi letel rbon , wit	NAME OF First Gance Middle Last 4.	DATE Month Oay Year DE DE DEATH 78 4 2 2 1966				
	ompl can vent		9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 HRS.				
	cute d cc nove	MARKIEU REVEX MARKIEU	last birthday) Months Days Hours Min.				
	exe rear		k State, or foreign country)   12, CITIZEN OF WHAT				
	be licial	ring most of working life, even if retired) ( iNDUSTRY	k State, or foreign country) 12, CITIZEN OF WHAT COUNTRY?				
	at S	FATHER'S NAME	MIE .				
		Thomas W Mumford Laura	Kailu				
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS						
The might and go had set town of the part							
	he o	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH				
	at the same is and the same is a property of	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) Myscardus Dufaritum					
	ysic ysic lgne rial rial	420/ QUETO					
	en s	Conditions, If any, which (b) (b) (C) (C)					
	of the bear	cause (a), stating the OUE TO underlying cause last.					
	faw atter has has p as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY				
	or or ate	Ca of huna	PERFORMED? YES NO DAT				
	itati Friting	20a ACCIOENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury OF CONTRIBUTING CAUSE OF OF CATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	y In Pert I or Part II of Item 18.)				
	sich ched	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	PHYSICIAN. The law requires that the hospital or attending physician. this certificate has been signed betached for use as the burial trance Dept. of Health prior to burial, cre	factory street office bldg eta 1	20f. (City or town) (County) (State)				
	Stat Per Stat	p.m. 19 at work at work					
	OR ATTENDING be retained by JIRECTOR: After ye 3 should be ed with the Stat		to 5-20, 1965, that (I) (we) last				
	E SE CE SE	saw the deceased alive on 5-20 1966 and that death occurred at 2328. SIGNATURE	.M, from the causes and on the date stated above.				
	OR DIRE	ATTENDING - MED.	TOR   STAFF   5-23-66.				
	AL May	220 PHYS DAN'S 22d AODRESS 0	C 4 > 0 0 mol				
	TO HOSPITAL Page 4 may TO FUNERAL C director, pag should be file	NAME (Type)  Melcal	lenger 1 Dyesterry 1001.				
	Page Series	PEMDVAL (Speciful)	ad. LOCATION (City, town or county) (State)				
		The real illies April of the state of the	REGISTRAR 1 25b. REGISTRAR'S SIGNATURE				
	VP ALE CA	Charl T Exten Lelly Cl. Dola MAY 25	1000 VOI //				
	VR AIS (4)	uchant of them settlybelle, Lova DARS 60					
	3/	<i>!!</i>					



CARRER TRUTE ON namel. Henry Dance? Mumferd Henry Jaines? Henry James?



- 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	07718 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALTH DÉPT	1. PLACE OF DEATH  a. COUNTY  WICOMICO  MARYLANO  USUAL RESIDENCE (Where deceased lived, If institution' Residence before admission)  a. STATE Maryland  D. COUNTY WICOMICO  MARYLANO
cessary may be may be artmen r death	b. City Or Town (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Salisbury  2 7
delay nd 3 temes 5 State Dep hours afte	d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)  Pen. Gen. Hospital  d. STREET ADDRESS  ON A FARM?  YES \( \text{YES} \) NO \( \text{PRINTERSON} \)
25 H 32 S	3 NAME DF First Mindle Lest 4 DATE Month Day Yeer DECEASED (Type or print) NORMAN WILLIAM NIBLETT DEATH MAY 26 19 66
eath. If a Pages 1, 2 In form P d 2 with nt within	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. OATE OF BIRTH 9. AGE (40 years IF UNDER 1 YEAR FUNDER 24 HRS.  White Widowed Divorced May 11/1921 45 yrs Hours Min.
Give d Give g wit l an	10a LSUAL OCCUPATION (Give kind of work done done industry)  during most of working life, even if retired)  Care Heae Operator  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
tem 18.	Joseph S. Niblett Georgia Hastings
within 24 h pencil in Ite miner's Offic permit. File removal, an	15. WAS DECEASED EVER NU S. ARMED FORCES? (Yes, no, or unhown) (If yes or year plate of service) YES  18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c).)  PART I, DEATH WAS CAUSED BY:
ld be executed "pending" in f Medical Exa burial-transit cremation, or	IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate (b)
ote shou e word he Chie e s a bustal,	underlying cause last. ) (c)  PART II OTHER S. GWIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19 WAS AUTOPSY PERFORMED?  YES NO NO
uis certifica writing th rarded to t nould be us it, prior to	FRIMARY OF CONTRIBUTING A NA
TNER: This clicate, wr be forward ge 3 shoul ed agent, g	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State)   Hour a m   White   Not White   at work   at work   at work   at work
EXAM cert 4 should ur fles. ECTOR: Pa c designat	21 1 certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry [X], and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
TY MEL exect. T. Page d for you RAL DIRI	ACTUAL SIGNATURE Dr. Earl L. Reyer DEPUTY MEDICAL EXAMINER TO DEPUTY DEPUTY
DEPU lease rrector etaine etaine FUNE f Heal	23a, BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOGATION (City, town or county) (State)
<b>P P P P P P P P P P</b>	Burial May 29/1966! Blades Cemetery Blades Delaware  24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME (S) 5M 1/65	HOLLOWAY & COMPANY SALISBURY, MARYLAND JUN 2 1966 Junge

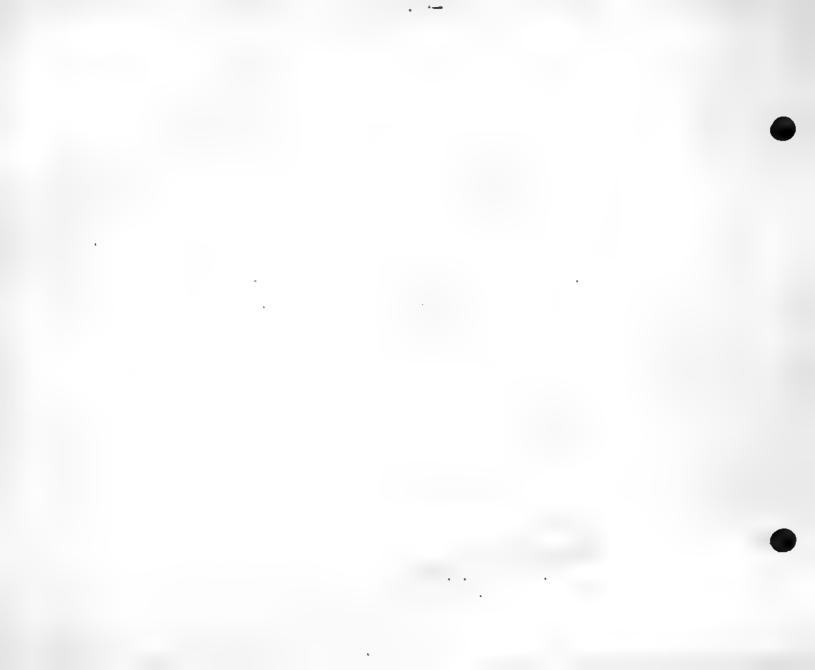
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of Junean treatalling, id.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2)201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where dereosed lived it institution Residence before admissional o COUNTY o. STATE 3 10 40 deoth. Wicomico Wicomico portment b CITY OR TOWN It outside corporate mits CLENGTH OF STAY N B c. CITY OR TOWN I outside corporate imits, write RURAL and give nearest town). puo write RURAL and give nearest town) ofter ( Salisbury Salisbury d NAME OF HOSPITAL OR INSTITUTION If not in hospital give street address A STRIFT ADDRESS IS RESIDENCE ON A FARM? hours Peninsula General Hospital 1501 Iris Drive Stote Give Poges YES -NO St after death 3 NAME OF Middle DECEASED WALTER within WILLIAM OWENS May 20. (Type o print) DEATH S SEX b. COLOR OR RACE 7 MARRIED NEVER MARR ED B DATE OF BRTH 9 AGE r veors FUNDER 1 YEAR F .. ND+R 24 HRS of binhdoy) Months Days Hours Male White June 28, 1901 **₩ DOWED** DIVORCED 1 BIRTHP, A(t State or foreign (ountry) 1Do USUA, OCCUPATION Give kind of work done 106 KIND OF BUSINESS OR 12 CT ZEN OF WHAT during roost of working was even tree and the Reployee Sussex Co., Delaware Aug Out = 3 FATHERS NAME Wicomico Co. Board Education 14 MOTHER'S MAIDEN NAME penci c William E. Owens File Fannie C. Carpenter 15 WAS DECEASED EVERING S ARMED FORCES? 6 SOCAL SECURITY NO 17 INFORMANT Address Ol Iris Drive s certificate should be executed (Yes no or nanown) fyes give war ar dates of service 218-05-8991 ovomer Mrs. Lola D. Owens, wife Salisbury, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN Sudden DEATH WAS CAUSED BY Coronary occlusion MMED ATE CAUSE (O. writing the word DUF TO Conditions, if ony, which gove cremat rise to immediate cause (a). DUE TO stating the underlying couse 0 8 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART LO WAS AUTOPSY PERFORMED? YES [ ] NO 30 the certificate. 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW TN, JRY OCCURRED Enter notice of neury in Port or Port of item 18 PRIMARY Cor CONTRIBUTING C EXAMINER: CAUSE OF DEATH 20d NURY OCCURRED 20e PLACE OF NUJRY Home form 20s TIME OF NUTRY Month Day Year (City of town) (County) Stote. factory street office biddletc i Not While FUNERAL DIRECTOR: Poge of work at work Inspect on A 21 I certify that stook charge of the remains described above, held an Autopsy Inquiry A ond in my opinion Natural couses X Accident . death resulted from -Suicide . Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY May 21, 1966 Earl L. Royer, M.D. DEPUTY MED CAL EXAMINER X Health Address (Street city town or county) NAME (Type) 1:09 Camden Ava Salliabury Nd 23d LOCATION City or Town 230 BURIAL CREMATION (County 500 REMOVA, Specify) Burial Wicomico Mem. Park Salisbury, Wicomico, Md. 74 FUNERAL DIRECTOR VR A15ME (5) Holloway & Company, Salisbury, Md.

6M 1/66



11 10	MARYLAND STATE DEPARTMENT OF HEALTH
* (M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
# E	
hours after death. d in by the funeral rs. Pages 1 and 2 hours after deafn.	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY
fter fter	Wicomico Maryland Maryland Wicomico
s al by 1 by 1 rs a	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
in loon	Willards   Life   Willards - /
7 ZZ	DN A FARM?
executed within 24 hours after and completely filed in by the femove carbon papers. Pages 1 any event, within 72 hours after	XX RFD YEST NO
requires that the death certificate be executed within ding physician. been signed by the attending physician and completely the bural-transit permit. Then proper remove carbon to burial, cremation, or removal, and my event, with	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
d v	(Type or print)  Harry W. Palmer   DEATH May 11, 1966 19  5. SEX   6 CDLOR OR RACE / MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE ( ) years   IFUNDER 14 PAR   IFUNDER 15
xecuter and cor any ever	last Dirthday) Months   Days   Hours   Mile,
exe	Male White Widowed Divorced June 8, 1906 59 yrs.
The pe	during most of working life, even if retired) INDUSTRY CDUNTRY?
2 2 7	Harmer Own Farm Maryland USA  13. FATHER'S NAME (14. MOTHER'S MAIDEN NAME
tiffica Bendandan	
cer Ten Tien	Larry Palmer L1111e White  15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
atte	(Yes, no, or unknown) (If yes give war or dates of service)  Lillian Palmer Pittsville. Md.
the de	
PHYSICIAN: The law requires that the death certifice the hospital or attending physician. This certificate has been signed by the attending phetached for use as the burial-transit permit. Then Better the Health prior to burial, cremation, or removal	PART 1. DEATH WAS CAUSED BY:
hat icial letra Letra L, ct	* 2 / X DUE TO SOLD TO
sign sign urfa	Conditions, if any, which DUE TO athless dersees - hypotheuses
age position of the position o	gave rise to immediate
s di di	underlying cause last. (c)
The law or atten cate has r use as eafth prin	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The cate	YES NO W
PHYSICIAN: the hospital this certific detached fo e Dept. of H	20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INSURY OCCURRED. (Enter nature of Injury in Part   or Part   or Part   or Part
SICI hose chee	
Death the Control of	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUPRED 20e. PLACE OF INJURY (Home, farco. 20f. (City or town). (County). (State)    Hour and   While   Not While   at work   at work   at work   at work
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. ITRETOR: After this certificate has been signed by 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, cre-	p.m 19 at work at work
OR ATTENDING be retained by IRECTOR: After e 3 should be ed with the Stat	21. I certify that (I) (this hosp tail) attended the deceased from 950, 19 tes -// 1966, that (I) (we) las
TOP Show	saw the deceased alive on 3 1966, and that death occurred at 32 A, from the causes and on the date stated above
A WINE TO A WINE	22a. SIGNATURE 22b. DATE SIGNED
ay to a	22c, PHYSICIAN'S 122d, ADDRESS
A may terat Cerat Cor, paged be filed	NAME (Type)
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be director, page 3 should be director.	232 BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)
<b>5</b> € 5 € 5	23a BURIAL CREMATION (23b. DATE HEREOF 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)  REMOVAL (Specify) 5/14/00 Pennis
0	24 FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
VR A15 (4)	Tyler Whalles & Murylle del HAY 17 1966 Octomber Outer
15M 4-64	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond 2 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) feled in by the funerol p. COUNTY o STATE Maryland b COUNTY Wicomico Wicomico MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If gutside carporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Wic. Salisbury Mardela d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street address) d STREET ADDRESS S RES DENC ON A FARM? Maple Shade Nursing Home 2504 Ocean City Rd. YES NO be 3 NAME OF Middle 4. DATE Dov DECEASED PARKER (Fype or point. **EDNA** THIJSSA DEATH 9 66 IF UNDER 24 HRS IF UNDER I YEAR S SEX 8 DATE OF BRIM AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED remove lost Jurinday) Months Days Hours Nov. 29,1884 DIVORCED WIDOWED Female White puo Oo JS. AL OCCUPAT ON (Give kind at work done IOH KIND OF BUSINESS OR 1), BIRTHPLACE County & State or foreign country) 2 CIT ZEN OF WHAT during most of working life, even if retired)
House Wile U.S.A. INDUSTRY Own Home Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Jane Layfield Daniel James Parsons IS. WAS DECEASED EVER IN U.S. ARMED FORCE S? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes at service) permit Ion, or r 216-01-5343 Miss. Lola J. Parker Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and buriol-tronsit ONSET AND DEATH PART IL DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO 5 Kusk Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been iş L las1 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F YES ξ 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While at work at work 21 I certify that (1) (this haspital) attended the deceased fram Cepters 24, 1966, to Mary 2 , 19 6, that (I) (we) last " Pitsky 2 196 6, and that death accurred at 5 A M, from Lauses and an the date stated above saw the deceased alive an 226. DATE SIGNED 22a. SIGNATURE MED DIRECTOR STAFF PHYS director, page 3 should be filed w M.D. 22d. ADDRESS 22c PHYSICIAN S Sharptown, Maryland NAME (Type) Dr. H.S. Kuhlman 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Burial 5-5-1966 Parsonsburg Cemetery Parsonsburg, Maryland 24. FUNERAL DIRECTOR 250 REC'D BY REG STRAR Colonella Judge VR A15 (4) Hill Funeral Home Salisbury, Maryland 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral executed with 24 hours after death, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ryLand Vorces MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 5 a. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RÉSIDENCE completely filled ON A FARM? and compended to be sent, within T YES X NO NAME OF Middle DATE Month Day DECEASED 19 (Type or print) DEATH IF UNDER 24 HRS SEX AGE (In years I FUNDER I YEAR 7 MARRIED NEVER MARRIED TO last birtheay) Months ( Hours March 17/191 Male White WIDOWED [ DIVORCED 10a USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foleign country) | 12. CITIZEN OF WHAT 9 during most of working life, even if retired) COUNTRY?S Worcester Co. Maryland Farmer physical ples The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Virginia Davis Durand Phillips 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN] ed by the attenctransit permit. (Yes, no, or unkown) (If yes give war or dates of service) Illps(Sister) been signed as the burial transit prior to burial, cremati INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5-14-66 the hospital or attending physician. 420 DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 88 WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health p PERFORMED? certificate Inte befer NO Y 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) N/A MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work should 5-14 19.66 to\_ . 19 (we) last 21. I certify that (I) (this hospital) attended the deceased from. 5-18 1966 and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a, SIGNATURE director, page should be filed a DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S 22d. ADDRÉSS FUNERAL Salisbury, Maryland L.Clifford ames Burial (Specify) Pay 21/196 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 966 Mt Zion Cemetery Worcester Co., Maryland ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR COMPANY SALISBURY, MARYLAND \* YAWOLIOH VR AI5 (4) 20M 1/65

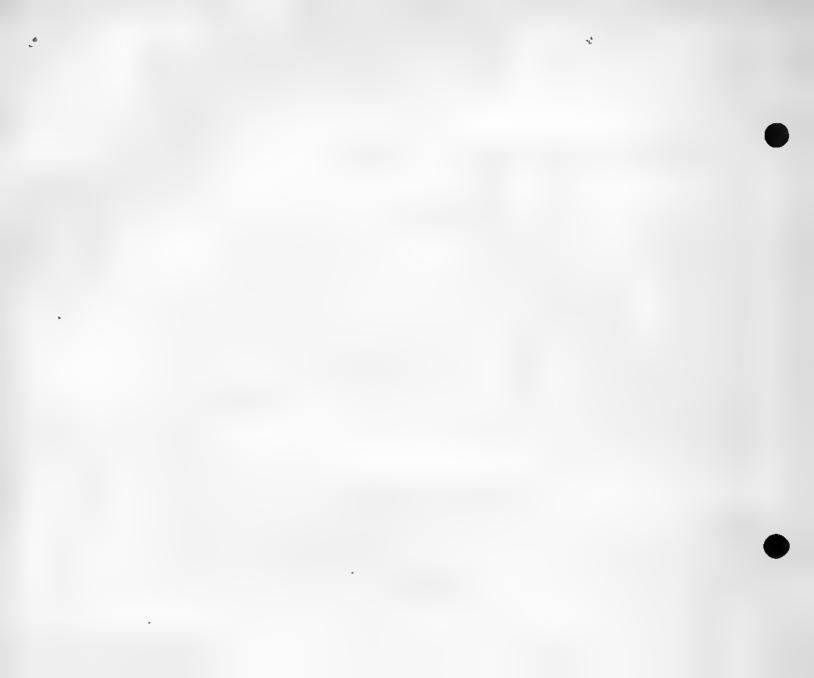


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PEACE OF DEATH JSUAL RESIDENCE Where deceased and finish on Residence before admission o. COUNTY g. STATE b. COUNTY Page 0 9 Maryland Wicomico death Dorchester / MARYLAND c CITY OR TOWN It outside to parate imits write RURAL and give nearest town r LENGTH OF STAY IN 16 b (TY OR TOWN, flouts de Larpailate umits, puo write RURAL and give negresi town)
Salisbury Vienna d MAME OF HOSPITAL OR "NSTITUTION If not in haspital dive street address) d STREET ADDRESS S RES DENCE hours DN A FARM? Route 50 & Navlor Mill Road Route 1. o te Box YES NO. Ifem 18 Give Poges 72 3 NAME OF Fist Midd'e LD59 4 DATE Day DECEASED ŌF the PINKETT. HARRINGTON JR. EMERSON 5-12-66 with the (Type or pont) DEATH FUNCER 5 SEX 9 ACE, myeas FLADER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRED 130 DATE OF BIRTH 211 yrs Months Days Hours 9-27-41 Male AA D3W0G W DIVORCED ent 100. JS A. OCCUPAT ON G ve kind of work done IOH K ND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT 9 COUNTRY? during most of working life, even if retired)

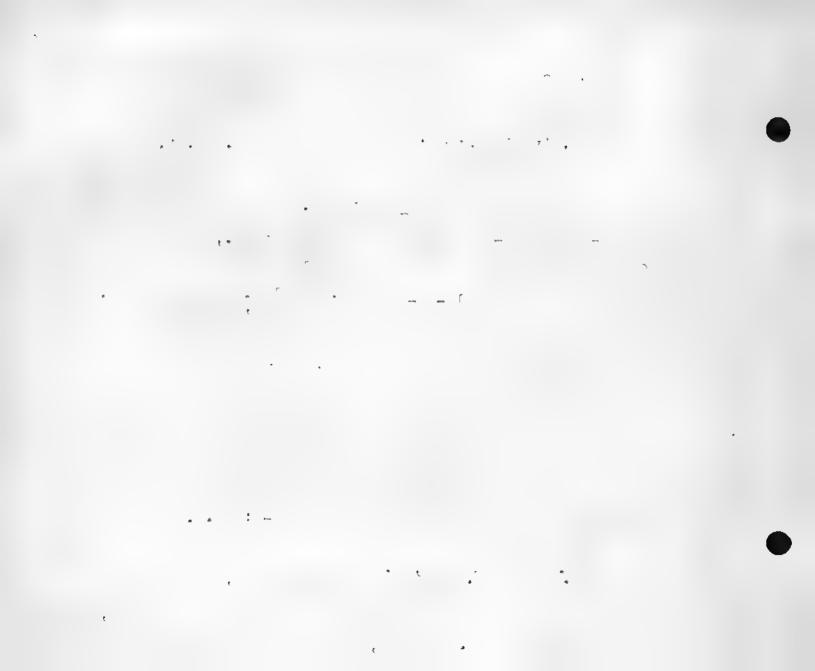
Day Laborer INCUSTRY Canning Factory Cambridge, Maryland USA Examines 13 FATHER S NAME penci 14 MOTHER'S MAJOEN NAME 문설 W TH Emerson H. Pinkett. Sr. Martha E. Parker e) puo -IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes no ar unknown (Fyes give war ar dates at service) removal, pending" 212-40-9735 Emerson H. Pinkett, Sr., Vienna, Maryland ef Med i per INTERVAL BETWEEN 18 CAUSE OF DEATH Enter only one couse per ne for o) b) ond ( ) \*rgnS1 Sudden GEATH PART I DEATH WAS CAUSED BY Crushed skull Ь MIMEDIATE CAUSE D Word certificate should cremation, 716J QUE TO burio! Conditions, if any, which gave (b) nse to immediate couse (a), OHE TO 0 stoting the underlying couse used os buriol, i 9 19 WAS AUTOPSY PERFORMED? PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF GIVEN IN PART 1 of the certificate. NO K 2Do EXTERNAL (AUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Part or Port Lat tem 9 should b PR MAR OC OF CONTR BUT NG Passenger in auto involved in collision with another auto. **EXAMINER:** CAUSE OF DEATH 20e PLACE OF INJRY Home form 20f [Iv or town] County 20c TIME OF YURY Month Boy Year 12:45 am Not White Route 50 Not Whi 8 may be retained for your FUNERAL DIRECTOR: Page of wo K Salisbury, Wicomico, Md. designoted 21 I certify that I took charge of the remains described above held on Autopsy ... Inspect on X and in my opinion deoth resulted from Accident IX Notural couses Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI O DEPUTY Royer M.D. May 12, 1966 Earl DEPUTY MEDICAL EXAMINER 5 moy O FUNE Health NAME Type! Camden Atd., Salisbury. Address (Street city town or county) 09 23b DATE THEREOF 73c NAME OF CEMETERY OR CREMATORY 23d LDCAT ON (City or Town) BUR AL CREMATION (County REMOVAL (Specify Burle1 May 16, 1966 Vienna Cemetery Vienna, Maryland 250 RECO BY REC STRAR J. J. Framptom and Son, Federalsburg, Maryland 75b REGISTRAR'S Charles VR ATSME (5) 6M 1/66



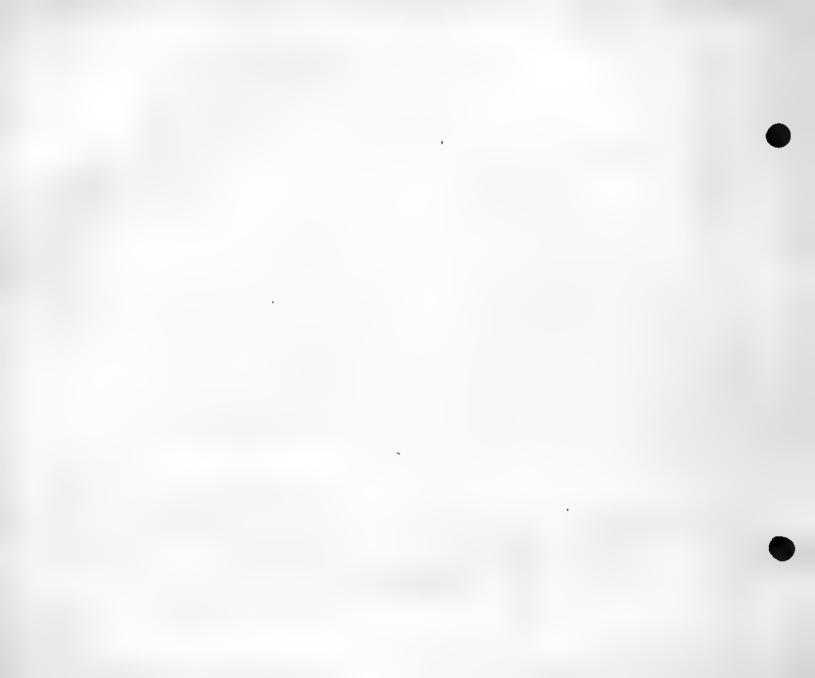
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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d Name of Modern of Interview (if not in boards) since short address of the Color City	MO E
toninsula General YES No	M7
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	ove.
ATTENDING - MED STAFF	
REMOVAL (Specify)	/_
24. FUNERAL DIRECTOR ADDRESS   25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
136 is to get for silvery med DATE MAY 5 1986 Hollarles Judge	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  a. DOWNY  I. PLACE DE DEATH  b. CITY OR TOWN of Outside experise limits,  C. LENGTH OF STAY IN 19  b. CITY OR TOWN of Outside experise limits,  C. LENGTH OF STAY IN 19  b. CITY OR TOWN of Outside experise limits,  C. LENGTH OF STAY IN 19  b. CITY OR TOWN of Outside experise limits,  C. LENGTH OF STAY IN 19  b. CITY OR TOWN of Outside experise limits, will a RUBAL and give newest the stay of A PAR  C. CITY OR TOWN of Outside experise limits, will a RUBAL and give newest the stay of A SAR EAR PLANT OF STAY IN 19  d. SIREET ADDRESS  OR A PAR  VES   A DATE   Month   Day Year    C. CITY OR TOWN of Outside corporate limits, will a RUBAL and give newest the stay of A SAR EAR PLANT OF STAY IN 19  d. SIREET ADDRESS  OR A PAR  VES   A DATE   Month   Day Year    C. CITY OR TOWN of Outside Corporate limits, will a RUBAL and give newest the stay of A SAR EAR PLANT OF STAY IN 19  d. SIREET ADDRESS  OR A PAR  VES   A DATE   Month   Day Year    C. CITY OR TOWN of Outside corporate limits, will a RUBAL and give newest the stay of A SAR EAR PLANT OF STAY IN 19  d. SIREET ADDRESS  OR A PAR  VES   A DATE   Month   DATE   Month   Day Year    DEATH   DATE   Month   DATE   Month   Date   DATE    FOR A PAR PLANT OF DATE   DATE   Month   DATE   DATE    ON A PAR PLANT OF DATE   DATE   DATE   DATE   DATE   DATE    ON A PAR PLANT OF DATE   DATE   DATE   DATE   DATE    ON A PAR PLANT OF DATE   DATE   DATE   DATE   DATE   DATE   DATE    ON A PAR PLANT OF DATE   DATE   DATE   DATE   DATE    ON A PAR PLANT OF DATE   DATE   DATE   DATE   DATE   DATE    ON A PAR PLANT OF DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE    ON A PAR PLANT OF DATE   DATE



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		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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24 ho filled papers, in 72 f		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
ithin 24 h stely filled bon papers within 72	ye .	924 S.Division Street 924 S.Div.St. YES NO.
uted within completely event, withi	3	NAME OF First Middle Last 1.4 DATE Month Day Year
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lan and c		Male White widowed Divorced Apr. 13/1889 77 yrs. Months Days Hours Min
S	1	OR USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
sicial ease	i ja	uring most of working life, even if retired)  Farmer = Retired = Farming Somerset Co., Maryland U.S.A.
ate ate		3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certifica ding pl Then remova		George Thomas Pape Melvine Pusey
certificate nding physi . Then ple removal, a		
두 팔밭 5		No. or unknown) (If yes give war or dates of service) 214-36-5762 Mr. Samuel B. Pope (Son) 917 E. Church St
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1  ONSET AND DEATH  ONSET AND DEATH
hat thician.		PART I. DEATH WAS CAUSED BY: Cardere de compressation 9 de en
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Clan: The base of the control of the	15	TrozeE PERFORMED?
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e de tree	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (State)
धूर हुई के <b>द्र</b>	Š	p.m. 19 at work at work
e de la		21. I certify that (I) (this hospital) attended the deceased from 4-2, 1966, that # (we) ia
ATTE Tetair CTOR Shou		saw the deceased alive on 1966, and that death occurred at M, from the causes and on the date stated above
— III (2) ≤		22a. SIGNATURE
	- 1	MED. STAFF M. STAFF, JE M.D. ATTENDING MED. DIRECTOR   STAFF May 3/1966
TO HOSPITAL Page 4 == ay TO FUNERAL ( director, pageshould be fill	1	PHYSICIAN T. Hubert R. White, Jr. NAME (TYP) . Hohert T. Adkins   Fruitland, Maryland
O HOSPIT Page 4 O FUNER/ director, should be	2	3a BURIAL, CREMAT ON 23b. DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
5g 5g≥		Buris 1 May 3/1966 Springhill Memory Gardens Selisbury Maryland
•^	P :	24. FUNERAL DIRECTOR ADDRESS   258 REC'D BY REGISTRAR'S SIGNATURE
VR AJ5 (4)	2.6	HOILOWAY & COMPANY SALISBURY, MARYLAND DAMAY 5 1968 Scharles Judge
2044 1/4E		HOLLOWAL G COLLANT SHITSDOM! MAULTHING DATE.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISI**on.** Of Statistical research and records, 301 W. Preston Street, Baltimore 1. Maryland CERTIFICATE OF DEATH and 2 death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased jured, if institution: Residence before admission) a. COUNTY / **b. COUNTY** Pages 1 urs after W/COM/CO
b. CITY OR TOWN (if outside corporate limits, write, RURAL and give nearest town) ryland wicomico MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b à SALISBUR .⊑ Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled DN A FARM? ENERAL YES X NO Quantico within etely NAME OF 3 DATE Month Day DECEASED OF SEORGE RICE DEATH (Type or print) LRNEST 19 executed SEX DATE OF BIRTH AGE (in years IFUNDER I YEAR last birthday) Months I Dava IF UNDER 24 HRS 6. COLOR OR RACE 8. 7 MARRIED X NEVER MARRIED Months | Days Hours LE WIDOWED [ DIVORCED rem physician an please revel, and in 1Da. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Maryland U.S.A. <u>\_aborer</u> certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph remova George Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Annie Gosl 17. INFORMANT 16. SOCIAL SECURITY NO. Address. been signed by the atten the burial-transit permit. I to burial, cremation, or death (Yes, no, or unknown) , (If yes give war or dates of service) Price uantico Mimmie No Mary and 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician, IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. # 88 88 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? this certificate detached for use he hospital or NO F YES -PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 4 OR CONTR BUTING CAJSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State should be Hour a.m. Not While at work While p.m. at work 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: age 3 should ied with the the carises and on the date stated above. saw the deceased alive on... death occurred at 4 and that DATE SIGNED 22a. SIGNATURE 22b. 2 STAFF PHYS. filed ATTENDING MED. M.D. PHYS. DIRECTOR TO FUNERAL 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS director, p should be 1 NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Scecify) Quantico. Maryland Buria Mantico Cematory. 25b REGISTRAB'S SIGNATURE AY Z O STEEL STAR FUNERAL DIRECTOR Markey A15 (4) DATE 1/65



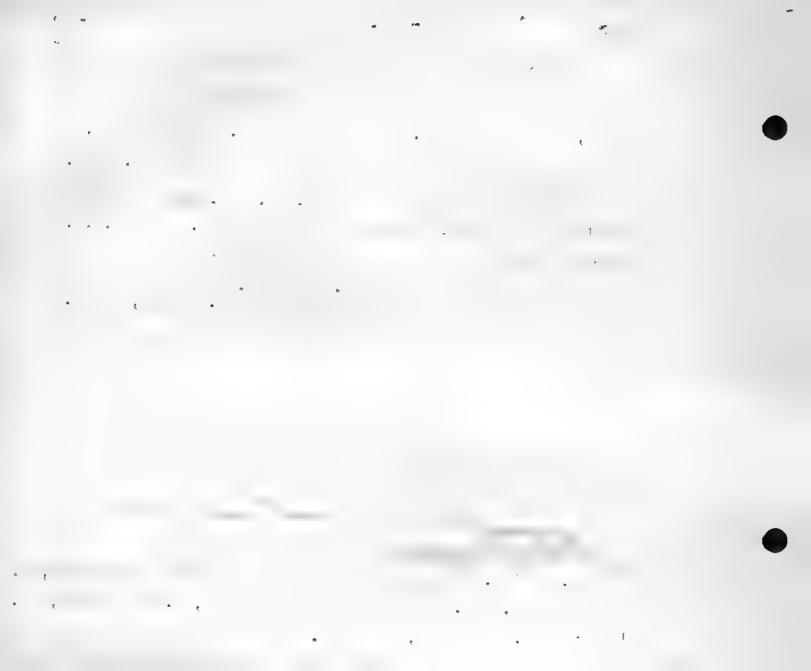
1 1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
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rend it.	15. WAS DECEASED EVER N.J.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address Sallsbury,
leath e at permion,	No None Mrs J. Carroll Layfield, Maryland
requires that the death certificate be dding physician. been s.gned by the attending the burial-transit permit. Then plass or to burial, cremation, or removar, and in	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ]  INTERVAL BETWEEN  DISET AND DEATH  DISET AND DEATH
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	21. I certify that (I) (this hospital) attended the deceased from 1966 to 1966, and that death occurred at M, from the causes and on the date stated above.
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2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	HOUSE TO THE MID. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
MTA ma RAL be 1	22c. PHYSICIAN'S NAME (Type) DALLI 22d. ADDRESS
O HOSPITAL O Page 4 may O FUNERAL D director, pag should be file	232. BURIAL CREMATION 230 DATE THEREOF 1 23c NAME OF CEMETERY DECREMATION 1 23d. LDCATION (City, town or county) (State)
5 5 5 4 % V	REMOVAL GOPCITY) E 1: 3066
M	24. SUBERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Toker H. Wason Pocomoke City, Md. DAMAY 5 1900 Ochania Veles
15M 4-64	1300



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH death. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY after Wicomico Maryland Wicomico MARYLAND C.TY OR TOWN (If outside corporate \*mits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 10 hours Salisbury davs Salisbury d NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS 6. IS RESIDENCE DN A FARM? eq 24 within Deer's Head State Hospital, Salisbury, Md. 301 Maryland Ave. YES ND executed within le y carbon NAME OF DATE First Middle Last 4. Month Day Year DECEASED e any event, (Type or print) DEATH Sewell William Ravne 19 66 May SEX 6. COLDR DR RACE DATE OF BIRTH AGE (In years I FUNDER 1 YEAR HE UNDER 24 HRS 7 MARRIED K NEVER MARRIED birthday) Months Days Hours 1 and JULY 9, 1893 WIDDWED DIVORCED 10a USUAL DCCUPAT DN (Give kind of workdone, 10b KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or Fereign country) 12. CITIZEN DF WHAT physician death certificate be during most of working life, even if retired) MARYLAND GROCER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARAH B ELLE RAYNE HENRY C. RAYNE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16 SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no, or unknown) (If yes give war or dates of service) att 291-14-0906 MRS. S.W. RAYNE SAME NO cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ) INTERVAL BETWEEN DNSET AND DEATH that the al-transit PART I. DEATH WAS CAUSED BY Recurrent Cerebrovascular Accident 2 Days IMMEDIATE CAUSE (a) burial, DUE TO par Conditions, If any, which (b) peen gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) S CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY for use Health PERFORMED? certificate YES NO X PHYSICIAM: 208 ACCODENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) ŏ MEDICAL 20d INJURY DCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work p.m. at work retained 3 should with the ъ 1619 66R to May 21 \_ 19<u>66</u>, that (I) (we) last May 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 21 19 66 and that death occurred at 1:20 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF PHYS. DIRECTOR Page 4 may M.D. PHYS. PRYSIC AN'S FUNERAL 22d. ADDRESS director, p NAME (Type) Gubierrez-Garrido. Head State Hospital Salisbury Md Deer's 23a BUR AL CREMAT ON, 23b. **OATE THEREOF** NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) 2 SADISBURY, MARYLAND WIOMICO MEM. PARK 24/1966 24. FUNERAL DIRECTOR REC'D BY REGISTRAR : 250 REGISTRAR'S SIGNATURE **ADDRESS** SALISBURY, MARYLAND HILL FUNERAL HOME VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 361 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF BEATH 2 USUAL RESIDENCE (When deceased fired, if not tution, desidence before admission)
a STATE PARYLERY b COUNTY 1 1 COMILCO a. COUNTY Wicomico MARYLAND b. GITY BR TOWN (if outside corporate timits. c CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b Weste Hulbat and give pearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp taggive street address) d STREET ADDRESS, Rd . Springhill ON A FARMIZ Route #4. Springhill Route State hours er death. If any delarive Pages 1, 2, and 3 with form PM3. P. 3. NAME OF Elizabeth Savage Year DECEASED Margaret (Type or print) DEATH 19 5. OGLOR OF RACE DATE OF BIRTH 9. AGE (In years | If UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED (Tirthday) 20.1921 Months ( Days Hours WIDOWED A DIVERGED 10b. KIND OF BUSINESS DR Sh WOOD RYP 9C CORY 11. SIRTHPLACE (State or foreign Country) 10a USUAL DCCUPATION (G ve & nd of work done 12 CITHEN OF WHAT during most of working uto even if retired) Morner Margaret 13. FATHER'S NAME Parker Charles OGrady 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Bratter son) 16. SDCIAL SECURITY NO. 1M William Michart Κ. (Yet, no or unknown) (if yes pive war or dates of service) permit. I removal. 3505 Sheppard St. Elpaso. Texas. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), NTERVAL DETWEEN DNSET AND DEATH s burial-transit PART I. DEATH WAS CAUSED BY: Pneumococcal meningitis Davs IMMEDIATE CAUSE (a) R: This certificate should be execut ate, writing the word "pending" forwarded to the Chief Medical E DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the used as a leto burial, c underlying cause last. PART .. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES K 3 showld be agent, prior CERTIFY 20h. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18 ) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20e, PLACE OF INJURY (Home, farm, 201. (City or town) 20d, INJURY OCCURRED (County) (State) 20c. 71ME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection death resulted from: \_ Natural causes . Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI DEPUTY MEDICAL EXAMINER Salisbury, Md. EXAMINER'S Fare Hoyer please e director. reta ned Address (Street, city, town, or county) NAME (Type) Springhill Memory Gardens, H. D to Salo labury stand. BURIAL, CREMAT ON 230 GATE THEREOF 14.19661 0.0 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b Maryland. Holloway & Co. Salisbury. A15ME (5)



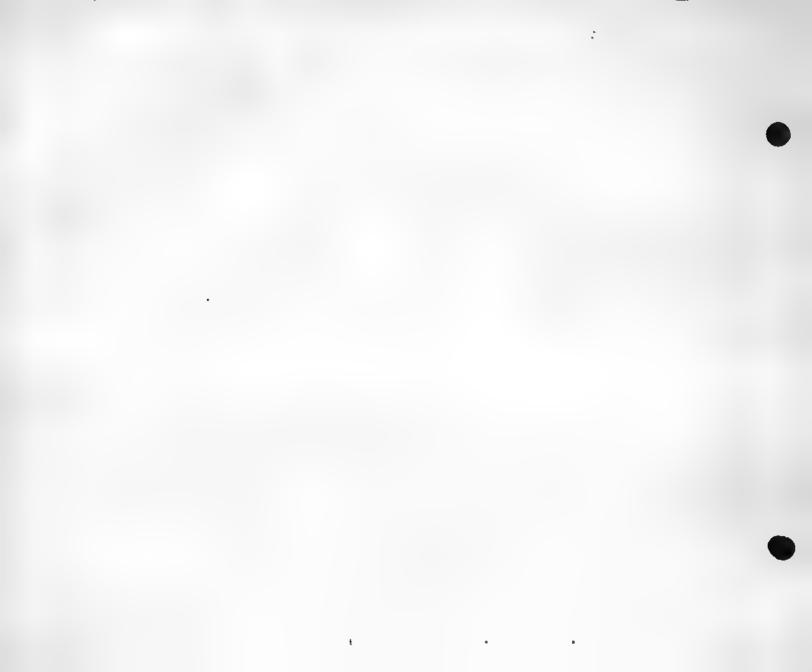
Item 18 Film 377 6-6-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased , red. If institution; Residence before admission) a COUNTY h collary Wicewice MARYLAND Department after death. b CITY OR TOWN (If outs de corporate limits, with Rural and give nearest town) C. LENGTH OF STAY IN 16 c. C(TY OR TOWN (If outs de corporete limits, write RURAL and give nearest town) Salisbury Salisbury d NAME OF HOSP TAL OR INSTITUTION (If not in hosp tal, give street address) d STREET ADDRESS a. IS RES DENCE ON A FARM? D.O.A. Pen.Gem. Hospital State hours a Barclay Street NO DE 3 NAME OF First Middin . 841 Day Yaer DECEASED 1966 EDGAR SOMERS MAY ISAAC (Type or print) 31 DEATH 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED (ast birthday) Months Male White WIDOWED DIVORCEDIA event 10a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT dar ng most of working if a aven if ret red)
Retired Employee(Ice GIVE Co)Laborer COUNTRY? Oridae, Maryland 13 FATHER'S NAME MOTHER'S MAIDEN NAME Capt. Isaac Semers Sarah Labra 윤 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 177. INEDEMANT A.Dishare on (Daughter) cate should be executed within 29 the word "pending" in pencil in the Chief Medical Examiner's O Yes, no, or unkown) (If yes to rewar or dates of service)
Yes, W. W. # IIArmy removal. permit Salisbury Maryland 21861 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (# DUE TO Acute alcoholism Hours burial Conditions, if any, which (b) gava rise to immediate DHE TO couse (a), steting the 40 underlying cause rest used as a PART I . OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS CERTIFICATION CAMINER: This certificate certificate, writing the vertificate, writing the veld be forwarded to the PERFORMED! Chronic alcoholism 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part It of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour em While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Ingu ry and in my opinion Inspection DIRECTOR death resulted from Natural causes Accident Undetermined manner Suicide Homicide Your CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. Dr.Far -Royer FUNERAL Health o DEPUTY MEDICAL EXAM NER TO please ex director retained NAME (Type) 409 Ave Salisbury Camden Address (Street, city, town, or county) BURIAL, CREMATION 1 23b 23c NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State 0 0 REMOVAL (Spec fy) Burial Salisbury, Maryland 1966 Parsons Cometery FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR A15ME (5) SALISBURY MARYLAND COMPANY Markey Judge

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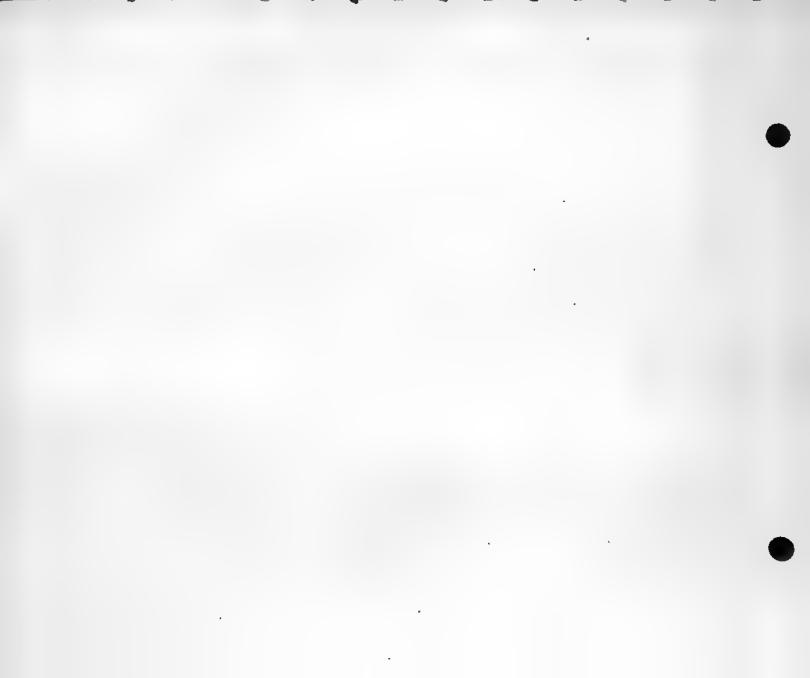
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. hours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. county 1 com 1 co Maryland Pages 1 urs after 11 1 ECMICO MARYLAND D. CITY OR TOWN (If outside corporate !imits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours write RURAL and give nearest town) Fruitland .= filled i 6. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARMIZ 24 Nain Street. YES NO PA executed within completely carbon 3. NAME OF Middle DATE Month Year Day Last DECEASED DEATH event, 19 (Type or print) AGE (In years OF UNDER 1 YEAR HE UNDER 24 HRS 5. SEX 6. COLDR DR RACE DATE OF BIRTH remove. MARRIED I NEVER MARRIED plast birthday) Months White Hours I and WIDOWED DIVORCED F 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) and in physidian. during most of stocking hip, and if retired) Delaware The law requires that the death certificate be Farmington. ਙ 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Masten Esther Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. My UNFORMAN Ellhott. Main St. been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) RO. Box INTERVAL BETWEEN DISET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 2 6 28 60 PHYSICIAN: The law requires that the tope the hospital or attending physician. DUE TO Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION for use Health PERFORMED? NO I 20a. ACCIDENT WAS UNDERLYING TO DEATH CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) etached ! Dept. of 2Dc. TIME OF INJURY Month, Day, Year | 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While NOSPITAL OR ATTENDING Page 4 may be retained by p.m. at work at work DIRECTOR: A age 3 should lied with the Þ 19000 to 5-11 19 ○○. that (I) (we) 12st 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 24M. from the causes and on the date stated above. saw the deceased alive on 19 22b. DATE SIGNED SIGNATURE page ATTENDING MED. DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S NAME (Type) 22d. ADDRESS FUNERAL director, p should be Fruitland White Jr Bu BEMOVAL (Specify) May 14.1 LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23d. Park. Salisbury, Wicomico Mem. Maryland. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** Maryland. Salisbury, Holloway VR A15 (4) 20M 1/65

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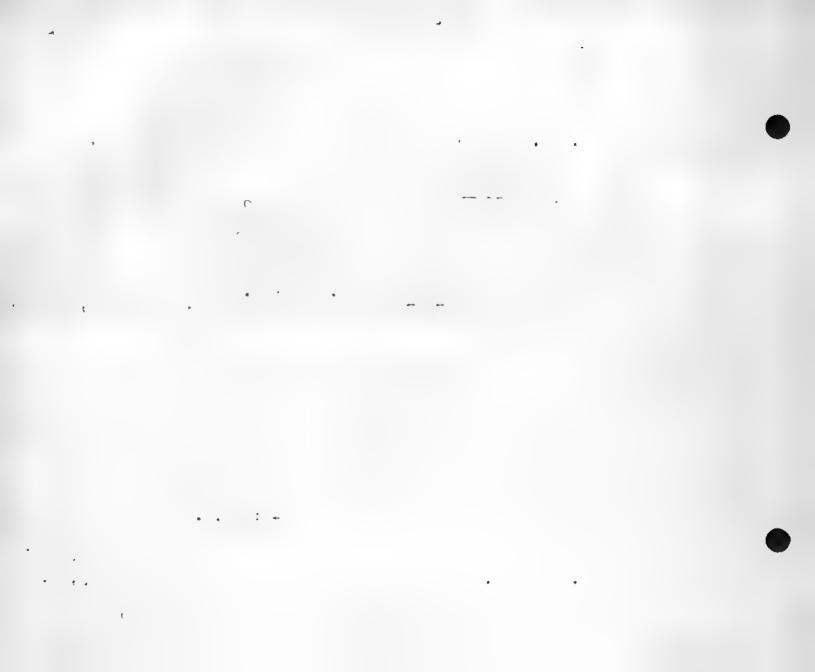
1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TO CO.
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ed i	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
fille pape	PENINSULA GERERAL HOSPITAL YES! NOTE.
ithi bon wit	NAME OF First Middle Last 4. DATE Month Day Year
mpl w	(Type or print) LEONIA STELENSON DEATH MAY 29 1966
i si	ast birthday Months Dour Moute I Min
	1 E ///4/ [-   N E ( )   WIDOWED     DIVORCED     3/10/90   00 ws.
be iclar lasse	10s. USUAL OCCUPATION (Give kind of workdone during grost of working sife, even if retired)  Retired  11. BIRTHPLACE (County & State, or foreign country)  Retired  12. CITIZEN OF WHAT COUNTRY?  House wife  Maryland
ohysi ple al, a	23 PATHER'S NAME 14. MOTHER'S MAIDEN NAME
rtific mov	Henjamin Ballard Ellen Tilghman
endi it. ]	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yes, no, or unlown)   (If yes give war or dates of service)
The law requires that the death certificate be executed withing or attending physician, the attending physician and projectly use as the burial-transit permit. Then please transit cerbon past the burial permit is a set the burial permit.	Norman Stevnson, Princess Anne, Md
the d	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  [INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
d by	PART I. DEATH WAS CAUSED BY: ORE COLO FLEE OWOORES ONSER AND MEATH
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ph sph	Conditions, if any, which (b) (b)
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haw has pris	
The or a safe	PERFORMED? YES NO
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PRYSICIAN: the hosp ta this certifi detached fo	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebidg., etc.)    Bour a.m.
NG by fter be Stat	Nour a.m. While Rot While p.m. 19 at work et work
ATTENDING retained by ETOR: After Should be vith the Star	21. I certify that (I) (this hospital) attended the deceased from
CTC sho	saw the deceased alive on 5 3 9 19 C and that death occurred at AM, from the causes and on the date stated above.
OR See 3	ATTENDING MED. STAFF
AL TAR	22c. PHYSICIAN'S 122d. ADDRESS
HOSPITAL OR age 4 may be FUNERAL DIRI rector, page fould be filed y	NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hers after Page 4 may be retained by the hosp tal or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a mpletely filled in by the idirector, page 3 should be detached for use as the burial-transit permit. Then please termore carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in the state Dept.	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
F	Burial (Specify) 6/I/66 John Wesley Westover Maryland  24 FUNERAL DIRECTOR ADDRESS 1258. REGISTRAR 256. REGISTRAR'S SIGNATURE
) m	And a d
VR AIS (4) 20M 1/65	William H. James Jr. Princess Anne, Md JUN 1 1966   foliarly Judge



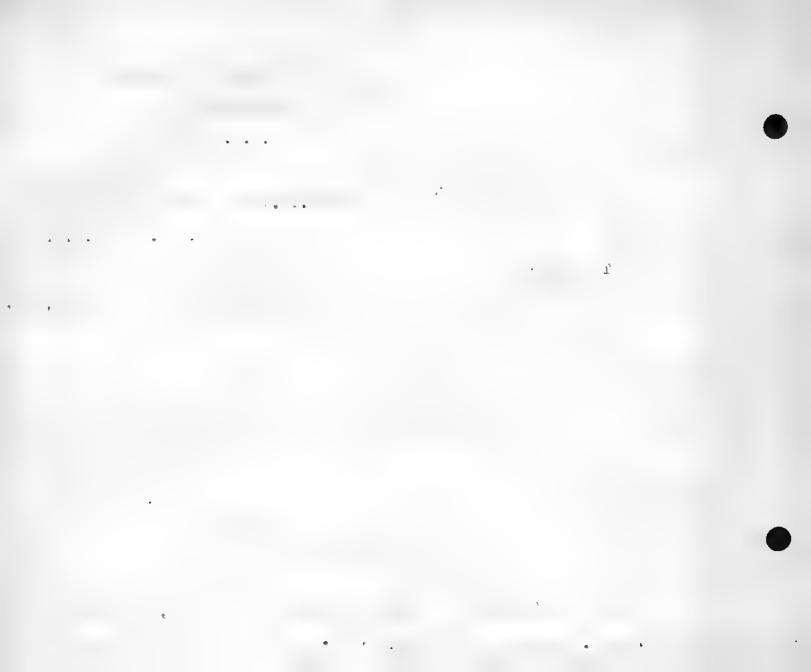
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death, PLACE OF OFATH and 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY. by the tu b. CDUNTY MARYLANO oon papers. Pages within 72 hours aft CITY DR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) FAFORD filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO 4 YES executed within completely carbon 3 NAME OF Middle Month Last DATE Day Year DECEASEO OF DEATH (Type or print) 19 6 fin any eve SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years ) IF UNGER 1 YEAR HE UNDER 24 HRS 9. 7 MARRIED NEVER MARRIED last birthday) Cays Months I Hours attending physiciam and rmit. Then please removal, and in any in WICOWED DIVERCED [ 10a USUAL OCCUPATION (Give kind of work done | 10b. KINO DF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN DF WHAT death certificate be during most of working life, even if retired) INCUSTRY COUNTRY? MARYLAND NEANI *U5A* FANT 13. FATHER'S NAME MOTHER'S MAIDEN NAME RUBERT ALLEN 15. WAS DECEASED EVER INU S ARMED FORCES? transit permit, 16. SDCIAL SECURITY NO. (Yes, no, or unknwn) (If yes nive war or dates of service) RABJET A. STUBBLER FLD -- SEAFORD 00 in signed by the burial-transit 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DISET AND DEATH I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a). O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which (b) been gave rise to immediate 寺さ DUE TO cause (a), stating the r this certificate has b detached for use as tl te Dept. of Health prior underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMEO? ND K 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. OESCRIBE HDW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURREO | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) while at work Not While factory, street, office bldg., etc.) Hour a.m. Affer pJП. should ith the 3 21. I certify that (I) (this hospital) attended the deceased from 1946 19\_64\_ that (I) (we) last fo FUNERAL DIRECTOR: director, page 3 should should be filed with the and that death occurred at 334. M, from the causes and on the date stated above. saw the deceased alive\_on 22a. SIGNATURE 22b. DATE SIGNED page ATTENOING PHYS. MEO. STAFF PHYS. 22¢. PHYSICIAN'S 22d. ADDRESS NAME (Type) 45BUR4 中とロゴバックラ BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23c. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Rus FUNERAL DIRECTOR ADORESS 25a. REC'D BY REGISTRAR 25b. VR AI5 (4) 20M 1/65



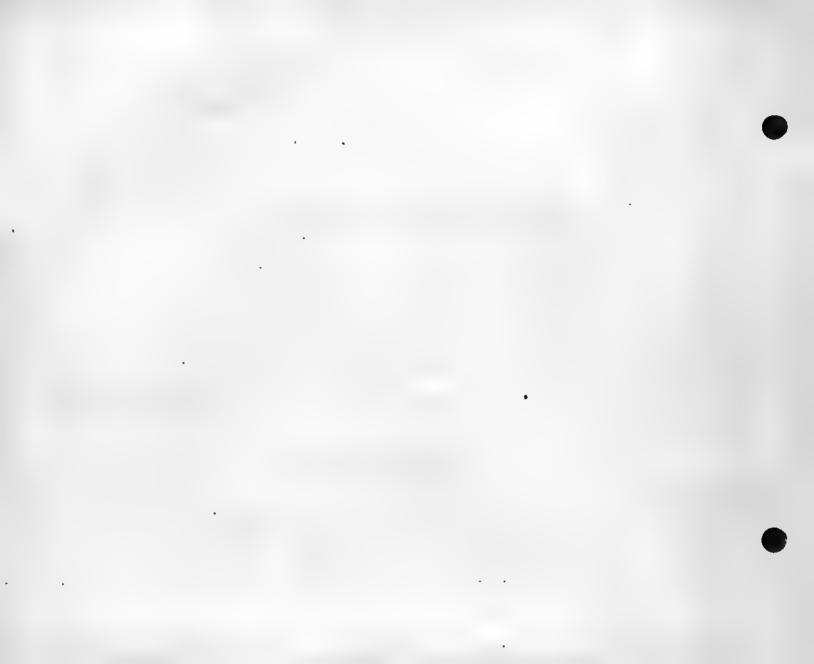
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Wicomico 24 hours after Wicomico MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Salisbury C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adm Salisbury 166 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS ON A FARM? ⊆ Pen.Gen.Hospital Phila.Ave. West NO X ve carbon po event, within PHYSICIAN: The law requires that the death certificate be executed within completely NAME OF First Middie Last Month OECEASEO 1966 CARRIE JAMES SULLIVAN MAY 7th (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS remove 7 MARRIED NEVER MARRIED last birthday) Months any i Female WIDOWED DIVORCED [ Ē 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) physician n please r 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? and SA None House wife Delmar Delaware 13. FATHER'S NAME MOTHER'S MAIDEN NAME гетора attending James Hearn Ida Davis Mr. Harman 16. SOCIAL SECURITYNO. been signed by the attenthe burial transit permit. It to burial, cremation, or in (Yes, no, or unknown) (If yes give war or dates of service) Husband hel 1 sbury 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY the hospital or attending physician. oronare IMMEDIATE CAUSE (a) Cenditions, If any, which (b) rise to immediate DUE TO cause (a), stating Drior underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 119. WAS AUTOPSY for use Health PERFORMED? certificate NO TO YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING ġ, OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, | 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (State) (County) factory, street, office bidg., etc. a.m. Not While at work at work o 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should aled with the and that death occurred at M. Iron the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED å page ATTENDING M D. DIRECTOR PHYS TO HOSPITAL (
Page 4 may FUNERAL PHYSICIAN'S ADDRESS 22d. director, p should be Bluff noras Road Salisbury. Md. 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 1 23b. LOCATION (City, town or county) 2 Wicomico Memorial Salisbury, Maryland FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FICATE OF DEATH 24 hours after death, funeral and deat USUAL RESIDENCE (Where deceased lived, it institution Residence before admission) PLACE OF CEATH a. COUNTY a. SIATE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours PRINCESS ANNE 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. YES A NO executed within completely NAME DI Middle Last DATE Mon th Oay **OECEASED** DF OEATH 9 AGE (In year) IF UNDER I YEAR 57 (Type or print) 19/ SEX 6. COLOR OR RACE етоме MARRIEO NEVER MARRIEO DATE OF BIRTH 9. FUNDER 24 HRS Hours any 유밀 SEPT WICOWEG DIVORCEO [ 10a USUAL OCCUPATION (Give k nd of work done during most of working life, even if retired) 106. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be INCUSTRY PRINCESS ANNE, MD. U.S.A. PARMER FARMING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 둡 attending premut. Then геточа ROBERT TARLOR ROSA TAYLOR 15. WAS DECEASED EVER NUS ARMED FORCES? transit permit. 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unbown) [(If yes give war or dates of servace) PRINCESS ANNE MD INTERVAL BETWEEN ONSET AND DEATH the s been signed by the the burial transit is the burial cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] The law requires that the I. DEATH WAS CAUSED BY. No. C aftending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating prior underlying cause last. has (c) 83 CERTIF, CATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate hospital or NO F YES 5 PHYSICIAN: 20& ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) detached SE SE MEDICAL 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, Jarm.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While Ifter ATTENDING p.m. 19 at work at work 0 計 19 € <u>.</u> to. 19 66. that (I) (we)-last 21. I certify that (I) (this hospital) attended the deceased from shoul DIRECTOR: age 3 shoul led with the and that death occurred at 2.35 M. from the causes and on the date stated above. saw the deceased alive on SIGNATURE! OATE SIGNED 22b. page STAFF PHYS DIRECTOR PHYS. Page 4 may HOSPITAL. PHYSICIAN FUNERIL 22c. 22d. AOORESS TO FUNERAL director, p should be i NAME (Type) BURIAL CREMATION, 23b. DATE THEREOF 23a 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 1966 ALLEN ALLEN CEMETERY MARYLAND FUNERAL DIRECTOR REC'O BY REG STRAK ADDRESS 25b. REGISTRAR'S 1966 PRINCESS ANNE. MD. VR A15 (4) WILSON 20M 1/65



1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 37726
after death.  the funeral ges 1 and 2 after death.	PLACE OF DEATH COUNTY  Wicomico  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission) a. STATE Taryland b. COUNTY Queen Annels
hours after the first the first the first the first the first the first	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest tewn; Salisbury  40 Days  Centreville
24 ho filted a papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE   DN A FARM!
l within rpletely carbon p rnt, withi	3 NAME OF First Middle Last La Date Month Day Yest
Executed within  f and completely remove carbon n any event, with	Teat    Sex   Sex
	103 JSJALOCCUPATION (G. ve kind of work done to k ND OF BUSINESS OR thought of work age life, even if retired) thoustry thoustry Country? JSA
eath certifica attending ph ermit. Then i	15 WAS DECEASED EVER NU S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. 31 Unknown) (Hyes Byte war or dates of service) 219-07-1137 Qual Teat Centurello, Ted.
CLAN: The law requires that the death certificate to sopial or attending physician. Certificate has been signed by the attending physician hed for use as the bar al-transit permit. Then please the barral, cremation, or removal, and the barral, cremation, or removal, and the barral or companies.	18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Coronary thrombosis  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  PART II OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19] WAS AUTOPSY
SICIAN: hospital certific ched for pt. of Hi	Diabetes mellitus  20a ACC DENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury In Port I or Part II of Item 18.)  BYES NO STATE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ork prystod by the hore this after this die detacle State Dept.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour am. While Not White factory, street, office bidg., etc.)  p.m 19 at work at work
L OR ATTENING by be retaine DIRECTOR. age 3 shoul lifed with the	21. J certify that (I) (this hospital) attended the deceased from 3/30 1960 to 5/9 1966, that (I) (we) tast saw the deceased alive on 1960, and that death occurred ab: 35 M, from the causes and on the date stated above.  22a. SIGNATURE  22b. DATE SIGNED  22c. PHYSICIAN'S NAME (Type)  L. V. Maldve, M. D. Deer's Lead State Hospital, Salisbury, Nd.
TO HOSPITAL Page 4 ma TO FUNERAL director, p should be 1	23a BLRIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City, town or county) (State) FUNCIAL STATE OF ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE ADDRESS
20M 1/65	The to month of the 100 to 1000

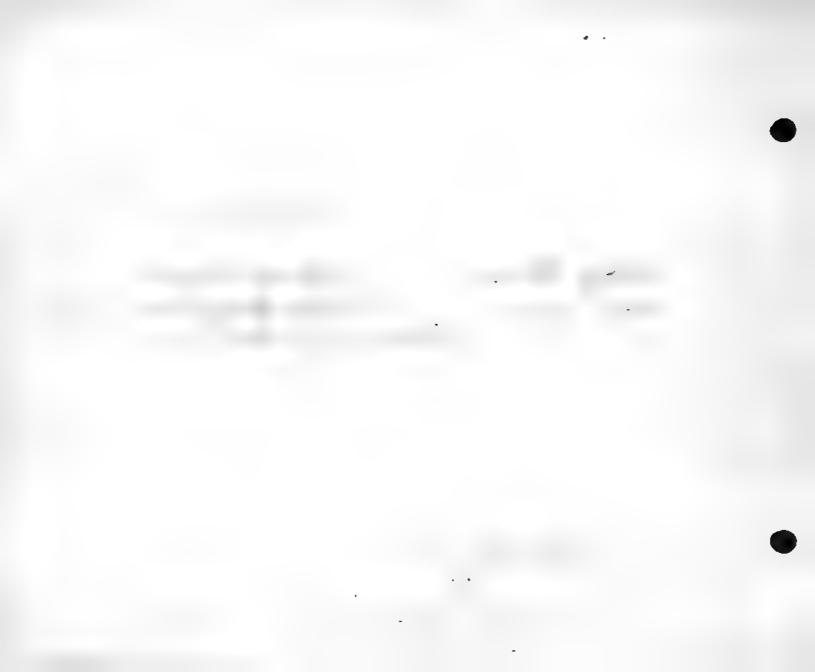


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b** COUNTY Wicomico Wicomino MARYLAND Department after death. b. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)
SPLISBURY C. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funer Fruitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ACORESS e. IS RESIDENCE ON A FARM? State hours Railroad Ave. (Pa. Bailroad Bldg) Camden Ave YES NO 34 NAME OF Middle First Last DATISTAN Year DECEASED DEATH OTIS DASHIFIL  $\mathtt{THOMAS}$ MAY (Type or print) 5th 5. 3EX ive Pages 1, with form 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS last birthday) Months Days Hours Min. 7. MARRIED X NEVER MARRIED Male 62 8/1903 WIDOWED DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR during most of work ng Ha, even if retired) INDLSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) Give after Employee-Guard-Frezen Food Plant Somerset Co. Maryland H S 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ltem. William James Thomas Nellie Dashiell EXAMINER: This certificate should be executed within 24 hours certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office 15. WAS DECEASED EVER IN U.S. ARMED FORCES? K. Thomas (Wife)P.O.B.#92 Mrs. Irma INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or amhown) (If yes give war or dates of service) permit. I removal, Fruitland Mary] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL DETWEEN burlal-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If eny, which (b) gave rise to immediate DUE TO ceuse (a), stetling the ea used as a to burial, underlying cause lest, PART ... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERT FICATION PERFORMED? YES 🖂 ND should be 20a EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 1) of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d INJURY DCCURRED , 20e PLACE OF INJURY Home, farm 2Df (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While at work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Indu IV and in my position DIRECTOR: Natural causes K1. death resulted #6m: Accident Suicide Homlcide Undetermined manner CHIEF MEDICAL EXAMINER YOUR ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR for Es r DEPUTY MEDICAL EXAMINER TY FUNERAL please ey director, retained NAME (Type)409 Address (Street city, town or county) MATY Saltsbury, Md. NAME OF CEMETERY OR CREMATORY BUR AL, CREMATION, 23b DATE THEREOF 0 0 966 Micomico Memorial sbury Maryland REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 1966 VR ALSME (5) SALISBURY. MARYLAND 1/65

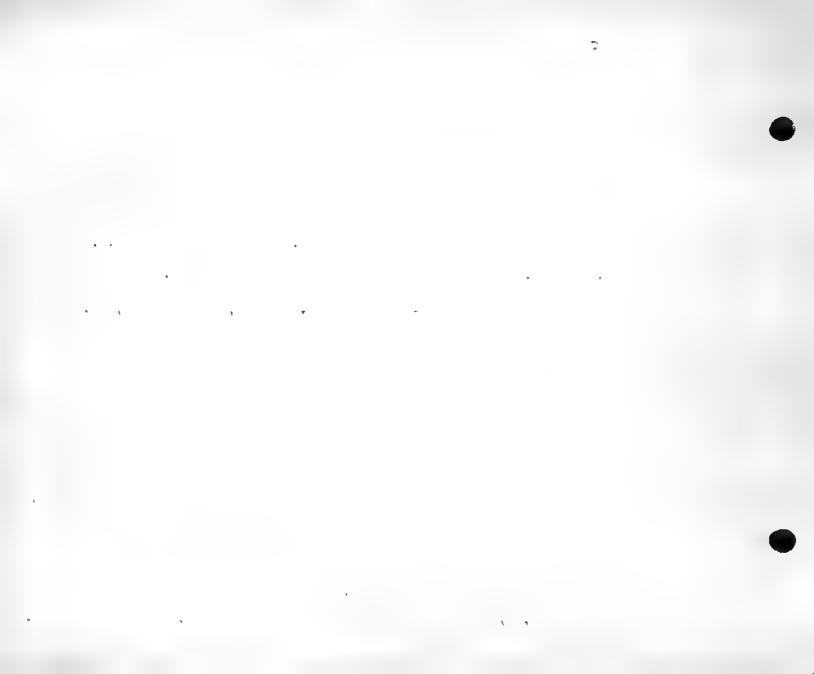


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived it institution a. COUNTY o. STATE COUNTY Wicomico Wicomico MARY, AND r . FNGTH OF STAY N b c CTY OR TOWN It guis de la palate imits, write RURA, and a ve hearest town b CTY OR TOWN I autside corparate im ts write RuRAu and give nea est\_tawn Jesterville lifetime Josterville d STREET ADDRESS e IS RES DENC d NAME OF HOSPITA, OR INSTITUT ON ( 1 not in hospital a ve street add ess. AGUES ON A FARM? ate YES NO 3 NAME OF Frst Middle Lost DATE Year DECEASED OF RODNEY LEVIN TURNER 5-9-66 (Type or print DEATH £ S SEX 9 AGE n years F. NDER 1 YEAR F UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED [3] NEVER MARR ED 0 3 Male AA W:DOWFD D VORCED event 100 USUAL OCCUPATION Give kind of work done 10b K ND OF BUSINESS OR 2 CITIZEN OF WHAT during most of wo king to even fretzed) IND. STRY Maryland Aud Waterman 14 MOTHER'S MAIDEN NAME 13. FATHER 5 NAME C Bub 6 SOCIAL SECURITY NO Turnex Jesterville (Yes no or unknown) (Iff yes give wor of dates of service remayat 18. CAUSE OF DEATH (Enter only one cause per line for (a, 4)), and (c),) PART I. DEATH WAS CAUSED BY JD .MMEDIATE CAUSE (a) certificate should cremation, DUE TO Conditions, if any, which gove rise to immediate cause (a) forwarded to DUE TO stating the underlying cause kast 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 0) NO Y COPP 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW THURY OCCURRED Enter nature of neury in Part La Part of tem 18 shoold PR MARY I or CONTRIBUTING I **EAUSE OF DEATH** 3 20e PLACE OF INJURY (Hame, farm (City or town) (State) 20c TIME OF INJURY Month, Day, Year 20d INSURY OCCURRED (County) factory, street, office bldg., etc.) Haur o.m. Not While FUNERAL DIRECTOR: Page at work at work designated 21 | certify that broak charge of the remains described above held an Autapsy | Inspect on X1 and in my apinian death resulted from Natural causes Accident Survide Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6 L. Royer. DEPUTY MEDICAL EXAMINER DE FYAMHNER'S May 10, 1966 Address (Street, city, tawn, or county) Ave. Salisbury. Camden 23h DATE VR A15ME (5) 6M 1766

MARYLAND STATE DEPAREMENT OF HEALTH



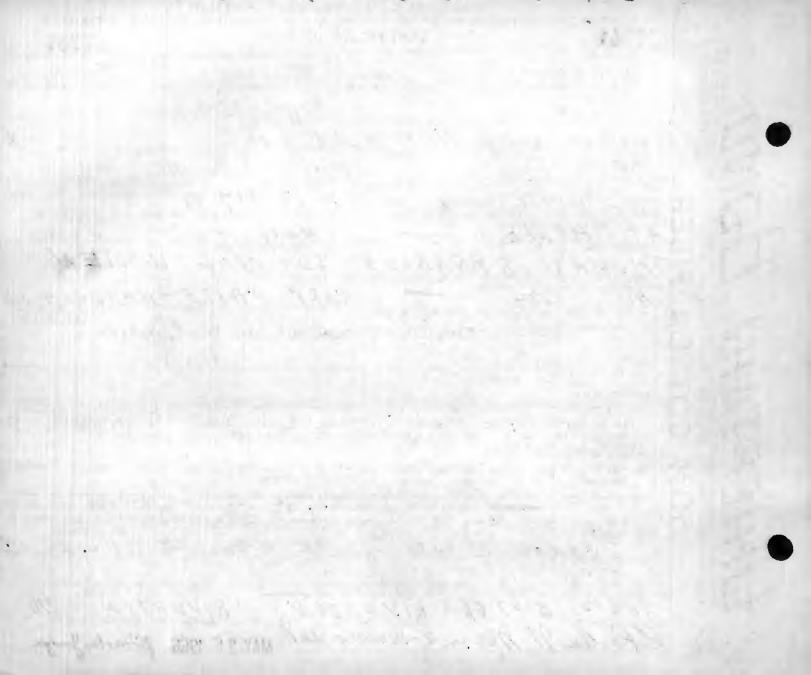
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 PLACE OF DEATH USUAL RESIDENCE (Where decepsed lived, if institution: Residence before admission a. COUNTY n. STATE h COUNTY ay 15 3 to ö Maryland death Wicomico MARYLAND Kent Department c CITY OR TOWN (If outside corporate limits, write RURAL and give neprest town) b CITY OR TOWN (If pulside comprate limits. C LENGTH OF STAY IN 16 Pug write RURAL ond give neorest town)
Salisbury offer Galena d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? form hours Item 18. Give Pages Office along with fan State Peninsula General Hospital YES A NO NAME OF Middle DATE LD51 DECEASED the. OF WALTERS DAVED 5-18-66 within Type or p. ne DEATH 5 SEX JE JNDER 24 HRS 6 COLOR OR RACE 7 MARR FD NEVER MARR FO B DATE OF BRITE 9 ACE n years FUNDER YEAR ost bothdoy Male 11-18-46 D-VORCED WHOOWED event and 2 Or USUAL OCCUPATION Cive kind of work done 06 KIND OF BUSINESS OR BIRTHPLACE State or tareign country 2 CITIZEN OF WHAT dung in rist of working life even if ref red NDUSTRY U.S.A. Restaurant Md. ⊆ 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within 31.30 Clara Virginia Davis. Addie H. Walters. 15 WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no. or unknown) If I yes give war or dates of services removal Addie H. Walters. Galena, Md. 21635 No. 216-48-6048 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL RETWEEN one hour PART IL DEATH WAS CAUSED BY Crushed chest and abdomen ь IMMEDIATE CAUSE (a) crematian, DUE TO Urior Canditians, if any, which gove rise ta immediate cause (a). **BUE TO** stating the underlying cause 80 lost OTHER'S CONFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART OF WAS AUTOPST PERFORMED? CERTIFICATION NO E 2 20g. EXTERNAL CAUSE WAS PRIMARY LAGOR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Hern 18.) agent, prrar Driver of auto which collided with another vehicle. STAL EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, torm, (City or fown) (County) State Hour o.m. Route 50 & 113 may be retained for your FUNERAL DIRECTOR: Page of work 10:10 xx of work Worcester. Md. designsted ( 2) I certify that soak charge of the remains described above, held an Autapsy Inspection X Inquiry X and in my apinion death resulted from Accident X director Natural causes Suicide [ ] Hamicide. Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY May 19, 1966 Royer. þ DEPUTY MEDICAL EXAMINER TO EXAMINER'S Health NAME Type Address (Street, city, town, at county) 109 Camden Ave. Salisbury, Md. BUR AL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) โดนทร์ง (State 0 May, 21, 1966 Galena Cemetery Galena, Kent Co: Md. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC D BY REGISTRAR VR A15ME (5) Millington, Md. 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY Wicomico Maryland b. COUNTY Wicomica MARYLAND b. CITY DR TOWN (if outside corporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salwrite BURAL and give nearest town) Fruitland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? P.G. Hospt. Main Street. NO X requires that the death certificate be executed within 3. NAME DE First Middle Month DATE Last DECEASED Lvda Roberta Wheatlev (Type or print) Mav 6. DEATH 19 6. CDLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS NEVER MARRIED Female last birthday) Meaths Jan.20.1888. DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done | 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Marion Station, Nd. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Townsend Emily Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no paramkown) [ (If yes pive war or dates of service) Mr. Graydon H. Mezick Pruitland, Maryland. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate DUE TO cause (a), staling the underlying cause last, PART II. D'HER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO K YES 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) ached f OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) - Not While at work to 220 6 . 1966, 1966 , that (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from Oct saw the deceased alive on many 6 M.\*from the causes and on the date stated above. 1966 and that death occurred at 22a. ŠIGNATURE 22b. DATE SIGNED 5/9/66 M.D. DIRECTOR TO FUNERAL D director, pag should be file Stedmen H. Maryland. BURTAL, CREMATION | 236. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town or county) (State) May8.1966. Wicomico Mem. Salisbury. Maryland 24. FUNERAL DIRECTOR REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE Followay & Co. Salisbury. Maryland. A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased fired, if institution; Residence before admission) A. COUNTY etely filled in by the further the papers. Pages 1 a within 72 hours after d b. COUNTY 001 MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b I. NAME OF HOSPITAL DRANSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE completely filled ON A FARM? ENINSULA ND D YES within carbon NAME DE Middle Last DATE Month Day Year DECEASED event, (Type or print) DEATH 19 executed and con AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. CDLOR DR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Months i Days Hours any 188 WIDOWED IY DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT KIND OF BUSINESS OF during most of working life, even if retired) INDUSTRY COUNTRYT The law requires that the death certificate attending phy srmit. Then p FATHER'S NAME 14. MOTHER'S MAIDEN NAME геточа 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. INFORMAN Address 17. (Yes, no, or unknwn) (If yes give war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN burial-transit ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. YONG LODNEL MOUL IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) r this certificate has been detached for use as the bi ie Dept, of Health prior to b gave rise to immediate DUE TO cause (a), stating underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? STIDLYES IT ND N Terrose 16 to the 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Infliry in Part I or Part II of Item 18.) (State) TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not White After Stat D.M. at work at work should ith the S 1966 May. 21. I certify that (I) (this-hospital) attended the deceased from. 19.66. that (I) (wee) last DIRECTOR. Jage 3 should like with the M. from the causes and on the date stated above. and that death occurred at 2 1966 saw the deceased alive on. 22a. SIGNATURE DATE SIGNED TO FUNERAL DIRE director, page 3 ATTENDING STAFF MED M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS 22c. director, p NAME (Type) NAME OF CEMETERY OR GREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREDE REMOVAL (Specify) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. VR AI5 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE Md b. COUNTY Somerset the MARYLAND by the b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town; Princess Anne .5 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE bon papers within 72 l ON A FARM? S. Somerset Ave. ND Z completely carbon 3. NAME OF Middle DATE Month DECEASED (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last-birthday) Months Days Hours Min. 7. MARRIED IX NEVER MARRIED 10a. ISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) Somerset Co., Md. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mamie Nutter George W. Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. b death (Yes, no, or unkown) (If yes nive war or dates of service) 216-05-7626 Mrs. Sue Wilson, Princess Anne, Md. cremation, the 18. CAUSE OF DEATH [Enter only one cause ged line for (a), (b), and (c), INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: herry. IMMEDIATE CAUSE (A signed burial, Conditions, if any, which peen 古中 DUE TO (a), stating the underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. WAS AUTOPSY for use Health PERFORMED? certificate NO F YES I 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) detached for the Dept. of I OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Nome, farm, 20f. (City or town) (County) factory, street, office bldg., etc. a Hour a.m. After - Not While be retained by TTENDING at work at work 196 B the 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: and that death occurred at 2/3 M, from the causes/and on the date stated above. 19 6 saw the deceased alive on DATE SIGNED 22a. SIGNATURE page MED. STAFF Page 4 may DIRECTOR M.D. PHYS. PHYS. PHYSICIANS 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF /1966 St. Andrew Princess Anne, Md. ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR \_ 25a. REC'D BY REGISTRAR 25b. Princess Anne. VR A15 (41) 15M 4-64

